MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05279

5286 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Baltimore (Rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Wayne Nursing Home 98 Smithwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01.4
STREET ADDRESS (If rural give location) 2500 Blk N. Charles St. ✓

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) E. (Last) Ackerman
4. DATE OF DEATH: (Month) June (Day) 21, (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Divorced	July 3, 1883	71 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Salesman	Jewelery	Baltimore, Md.	

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
2 No		212-01-1250	Mr. Gerald Ackerman - Ashton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 IMMEDIATE CAUSE (A) Congestive Heart Failure

ANTECEDENT CAUSE (S) DUE TO (B) Degenerative Heart Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Terminal Pneumonia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 54, 19..., to 21 June 55, 19..., that I last saw the deceased alive on 20 June 55, 19..., and that death occurred at 7:55 AM, from the causes and on the date stated above.

SIGNATURE Thos Gatch M.D. M.D. ADDRESS 1707 Edmondson Ave. Catonsville 28 md DATE SIGNED 6/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/24/55	Mt. Olivet Cem	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 6-20-55 REGISTRAR'S SIGNATURE A. W. Hudnut

24. FUNERAL DIRECTOR ADDRESS JOHN F. DENNY, INC. 715 Light St.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Dr E. W. McGrath.
Cor 1709 Edmonton Ave.

05280

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5287

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore (Rural) — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 634 Overbrook Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore (Rural)
STREET ADDRESS (If rural, give location): 634 Overbrook Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Milton	Howard	Albert	June 19, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Married	5/9/06	49 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Supervisor	Telephone Co.	Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Albert	Minnie Schwemm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs. Milton Albert 634 Overbrook Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162X

Immediate cause (a) Generalized metastasis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchogenic Carcinoma — 6 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
January 11, 1955	Inoperable Carcinoma of Lung, Right & Rib Metastasis	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept., 19 50, to June 19, 19 55, that I last saw the deceased alive on June 18, 19 55, and that death occurred at 1:10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas S. Sampson	M.D.	6201 York Rd	6/20/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/22/55	Cedar Hill Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-20-55	A. W. Hedrick R.T.	JOHN F. DENNY, INC.	715 Light St. Baltimore-30, Md.

6201 Jonkirk Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05281

5288 CERTIFICATE OF DEATH Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: Spring Grove State Hospital
COUNTY Baltimore 28 MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Catonsville
LENGTH OF STAY (in this place) 10 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville X 1
STREET ADDRESS (If rural give location) 605 Upland Road

3. NAME OF DECEASED: (Type or Print) (First) Jane (Middle) Kingsbury (Last) Allen

4. DATE OF DEATH: (Month) 6 (Day) 19 (Year) 1955

5. SEX: female | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: 11/29/1866 | 9. AGE last birthday 88 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): N. J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry A. Kingsbury
14. MOTHER'S MAIDEN NAME: Sarah Hutchinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Janet A. Zouck 605 Upland Road, Pikesville, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
175X IMMEDIATE CAUSE	(A) Uremia; bilateral pyohydronephrosis	weeks
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Multiple abdominopelvic metsastases	months
	DUE TO (C) Right ovarian cystocarcinoma	unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arteriosclerotic cardiovascular disease	years

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12, 1954, to 6-19, 1955, that I last saw the deceased alive on 6-18, 1955, and that death occurred at 8:35 AM, from the causes and on the date stated above.

SIGNATURE L. Glynn Williams M. D. ADDRESS Spring Grove State Hospital DATE SIGNED 6-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF 6/21/55 | NAME OF CEMETERY OR CREMATORY Green Mount Crem. | LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 6/21/55 | REGISTRAR'S SIGNATURE H. W. Hedrick | 24. FUNERAL DIRECTOR Wm. J. Tarnes & Sons ADDRESS Balto.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 05282

CERTIFICATE OF DEATH

5289 — Reg. Dist. No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2613 Purnell Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn X
STREET ADDRESS (If rural give location) 2613 Purnell Drive

3. NAME OF DECEASED: (Type or Print) (First) ADA (Middle) AGNES (Last) ALLISON

4. DATE OF DEATH: (Month) June (Day) 1, (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Nov. 3, 1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James C. Bryant

14. MOTHER'S MAIDEN NAME: Catherine J. Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mr. Raleigh W. C. Allison-4943 Cedar Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

IMMEDIATE CAUSE (A) Cancer Breast-Axillary — INTERVAL BETWEEN ONSET AND DEATH: 2yrs

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) C.P.C. Lung & Kidney — 4da

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to June 1, 1955, that I last saw the deceased alive on June 1, 1955, and that death occurred at 6:05 A.M., from the causes and on the date stated above.

SIGNATURE Dr E M Toomey — ADDRESS M. D. 120 S Paul St — DATE SIGNED June 1 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 6/4/55 — NAME OF CEMETERY OR CREMATORY: Farnham Baptist Cem. — LOCATION (City, town, or county) (State): Downings, Va.

DATE REC'D BY LOCAL REGISTRAR: 6-3-55 — REGISTRAR'S SIGNATURE: C W Hodges — 24. FUNERAL DIRECTOR: Wm. J. Dickerson & Sons. — ADDRESS: Reach 17 mile.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05283

5290

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville
LENGTH OF STAY (in this place): 1 mo. 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore X
STREET ADDRESS (If rural give location): No better address Catonsville Nursing Home

3. NAME OF DECEASED: (Type or Print) (First) Maude (Middle) E. (Last) Arendt

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 2-19-1877 Unknown
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Henderson Md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Brenda Spring Grove State Hosp

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X IMMEDIATE CAUSE (A) Generalized Arteriosclerosis

ANTECEDENT CAUSE (S) DUE TO (B) Diabetes Mellitus.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260X DUE TO (C) Cerebral Vascular Accident (Thrombosis)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-2-, 1955, to 6-14-, 1955, that I last saw the deceased alive on ....., 19..., and that death occurred at 8:50 A.M., from the causes and on the date stated above.

SIGNATURE J R Cowan M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Md. DATE SIGNED 6-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/16/55
NAME OF CEMETERY OR CREMATORY Balto.
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 6-15-55
REGISTRAR'S SIGNATURE Dan. Hedrick
24. FUNERAL DIRECTOR ADDRESS Cook Inc. 1217 St. Paul St.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0528

5291 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Anneslie
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 613 Overbrook Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Anneslie X
STREET ADDRESS (If rural give location) 613 Overbrook Rd.

3. NAME OF DECEASED: (Type or Print) (First) LESTER (Middle) W. (Last) ANDERSON

4. DATE OF DEATH: (Month) (Day) (Year) June 13, 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: April 7, 1908
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): maker
10B. KIND OF BUSINESS OR INDUSTRY: Tools
11. BIRTHPLACE (State or foreign country): Ill.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alfred Anderson
14. MOTHER'S MAIDEN NAME: Christine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Olga M. Anderson-613 Overbrook Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Occlusion — Sudden

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING OEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINOINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1948, to June, 1955, that I last saw the deceased alive on June 13, 1955, and that death occurred at 8:39 P.M. from the causes and on the date stated above.

SIGNATURE Charles F. O'Donnell M.D. ADDRESS M.D. 7501 York Rd Towson 4 Md DATE SIGNED 6/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/17/55
NAME OF CEMETERY OR CREMATORY Moreland Mem. Pk.
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 6-15-55
REGISTRAR'S SIGNATURE H.W. Hedrick Deputy
24. FUNERAL DIRECTOR Wm. J. Pickerel & Son ADDRESS Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH

0528

5292

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, (52)
LENGTH OF STAY (in this place) 5 months.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pines Nursing Home, 16 Fusting Ave. (90)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, 3V01.4
STREET ADDRESS (If rural, give location) 21 N. Monastery Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Walter Francis Appleby,

4. DATE OF DEATH (Month) (Day) (Year) June 25, 1955 19

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower

8. DATE OF BIRTH May 21, 1886

9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Police Sargent.

10b. KIND OF BUSINESS OR INDUSTRY Balto. Police Dept.

11. BIRTHPLACE (State or foreign country) Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Israel D. Appleby

14. MOTHER'S MAIDEN NAME Mary Frances Habbersett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no (3)

16. SOCIAL SECURITY NO. 213-28-1864

17. INFORMANT AND ADDRESS Mrs. Dorothy R. Stallings, 3321 Shelbourne Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 2yrs

(260X) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 3yrs

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/10/52, 19..., to June 25, 19 55, that I last saw the deceased alive on June 23, 1955, and that death occurred at 10¾ A. m., from the causes and on the date stated above.

SIGNATURE Ernest Katzenberger (Degree or title) ADDRESS 4123 Frederick Ave. DATE SIGNED June 1955

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF JUN 28 1955 NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery, LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 6-28-55 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR G. Vernon Lemmon ADDRESS 4611 Park Heights Ave. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 12, FilmG184 7-25-55 et

CERTIFICATE OF DEATH

05286

Reg. Dist. No. 41

5272

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk — LENGTH OF STAY (in this place): 53 00

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6906 Brentwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Bal

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk — 53 1

STREET ADDRESS (If rural give location): 6906 Brentwood Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
OTTO	A.	BAKER	June 16, 1955 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	July 19, 1883	71 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Millwright	Bethlehem Steel Co.	Germany	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
August Baker	Anna ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No. 3	213-09-0586	Mrs. Robert Shaw 6906 Brentwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
420.1 Immediate cause	(a) Coronary thrombosis	5 min
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) myocardatis, chronic	2 mos.
	DUE TO (c) Arteriosclerosis	1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Left leg amputated due thrombosis of artery	2 mos.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 29, 19 55, to June 16, 19 55, that I last saw the deceased alive on June 16, 19 55, and that death occurred at 11 30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
David H. Andrew M.D.	33 Dundalk Ave Dundalk 22 Md	June 17, 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	June 18, 1955	Churchville Cemetery	Oberland, Penna.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 18-1955	William M Kelly	Ullrich Funeral Home	2112 Dundalk Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06261

5293

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 704 MYRTH AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural, give location) 704 MYRTH AVE.

3. NAME OF DECEASED: (First) NINA (Middle) M. (Last) BARROW
4. DATE OF DEATH: (Month) JUNE (Day) 29 (Year) 19 55
5. SEX: FEM.
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: APR. 17-1868
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months 2 Days 12 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VERMONT
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: EDWARD MANWELL
14. MOTHER'S MAIDEN NAME: ELECTRA ANN ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: HUNTER BARROW ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X
Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 8 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arterio-sclerotic cardio- — 2 yrs

DUE TO

(c) Vascular disease with hypertension

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to June 29, 1955, that I last saw the deceased alive on June 28, 1955, and that death occurred at 6.30 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Joseph Myall MD ADDRESS 423 Eastern Ave Essex 21 Md DATE SIGNED 7/1/55

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF July 2-55
NAME OF CEMETERY OR CREMATORY Meadowridge M.P.
LOCATION (City, town, or county) (State) Washington Blvd. Md.

DATE REC'D BY LOCAL REG. 7-2-55
REGISTRAR'S SIGNATURE Enid Hurley
24. FUNERAL DIRECTOR John G. Connelly
ADDRESS Essex Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5294 **CERTIFICATE OF DEATH** Reg. Dist. No. 05287

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3401-4
STREET ADDRESS (If rural give location) 3025 Windsor Ave

3. NAME OF DECEASED: (Type or Print) (First) Zella (Middle) M. (Last) Bennett

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): ~~Wd~~ M

8. DATE OF BIRTH: Dec. 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ~~Housekeeper~~ Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1
IMMEDIATE CAUSE (A) Arterio-sclerotic cardio-vascular disease — Years

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Brain Syndrome due to arteriosclerosis — Years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1955, to June 4, 1955, that I last saw the deceased alive on June 4, 1955, and that death occurred at 12 10 P M, from the causes and on the date stated above.

SIGNATURE Frederick E. Phillips M.D. ADDRESS Spring Grove Hosp DATE SIGNED 6/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6/7/55 | NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. | LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR 6-6-55 | REGISTRAR'S SIGNATURE Ora E. Hedrick | 24. FUNERAL DIRECTOR Wm. J. Pickens & Sons | ADDRESS Md 617

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5295

CERTIFICATE OF DEATH

Reg. Dist. No. 05288 32

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4101 COLBY Road.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
STREET ADDRESS (If rural give location) 4101 COLBY ROAD.

3. NAME OF DECEASED: (Type or Print) (First) FRITZ (Middle) KARL (Last) BERNDT

4. DATE OF DEATH: (Month) JUNE (Day) 7 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 2 1886
9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POTTERER
10B. KIND OF BUSINESS OR INDUSTRY: Electrical - Mfg.
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: OTTO Berndt.
14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-01-1279
17. INFORMANT & ADDRESS: Mrs Fritz K. Berndt (wife) 4101 COLBY ROAD, PIKESVILLE - 8

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

523.0
IMMEDIATE CAUSE (A) Pulmonary Edema. — INTERVAL BETWEEN ONSET AND DEATH: 2-3 mo
ANTECEDENT CAUSE (S): DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cor Pulmonale — 5 yrs or more?
DUE TO
(C) Silicosis [lung] — 5 yrs or more?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0 None
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) None
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 June, 1955, to 7 June, 1955, that I last saw the deceased alive on 7 June, 1955, and that death occurred at 4:15 P M, from the causes and on the date stated above.

SIGNATURE H. Patterson Mack
M. D. ADDRESS 1632 Reisterstown Rd. Pikesville 8
DATE SIGNED 7 June 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: June 7-55
NAME OF CEMETERY OR CREMATORY: Meadowridge
LOCATION (City, town, or county) (State): Howard Co. Maryland

DATE REC'D BY LOCAL REGISTRAR: 6-7-55
REGISTRAR'S SIGNATURE: Dec. Hedges
24. FUNERAL DIRECTOR: Grand H. Neurd
ADDRESS: Pikesville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05289

5296 CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
MARYLAND — LENGTH OF STAY (in this place): 55
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 7103 OXFORD ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY: Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CENTERVILLE 17X-2
STREET ADDRESS (If rural give location): ✓

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) E. (Last) BRAMBLE

4. DATE OF DEATH: (Month) JUNE (Day) 7, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER

8. DATE OF BIRTH: JUNE 17, 1873

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired: RET. GROCER

10b. KIND OF BUSINESS OR INDUSTRY: RETAIL

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES BRAMBLE

14. MOTHER'S MAIDEN NAME: CATHERINE ERDMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No 3

(If Yes, give war or dates of service): NONE

16. SOCIAL SECURITY No.: 219-14-3113A

17. INFORMANT & ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1 Immediate cause
(a) Coronary Thrombosis — Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO
(b) Generalized Arteriosclerosis — 10 yrs
DUE TO
(c) with Renal Insufficiency.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED While at Work ☐ Not While At Work ☐** — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Oct '53, to June 6, 1955, that I last saw the deceased alive on June 6 1955, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles F. O'Donnell MD — ADDRESS: 7501 York Rd Towson 4 — DATE SIGNED: 6/7/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — **DATE THEREOF:** JUNE 9, 1955 — **NAME OF CEMETERY OR CREMATORY:** CHESTERFIELD CEMETERY — **LOCATION (City, town, or county) (State):** CENTREVILLE MD.

DATE REC'D BY LOCAL REGISTRAR: June 8, 1955 — **REGISTRAR'S SIGNATURE:** Mabel C. Gray

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05290

5297

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville Md
LENGTH OF STAY (in this place) 1 yr 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore (Cecil)
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rising Sun Md
STREET ADDRESS (If rural give location) RTX-2

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) Rhoda H. (Last) Briscoe

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~. (Specify) Widow

8. DATE OF BIRTH: Dec 11 1869

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wilmington Del.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Peter Hartenstein

14. MOTHER'S MAIDEN NAME: Sarah B. Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Masonic Home Cockeysville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

IMMEDIATE CAUSE (A) Cortico Sclerotic Last Disease

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1953 to June 6 1955 that I last saw the deceased alive on June 6 1955, and that death occurred at 12:30 P.M. from the causes and on the date stated above.

SIGNATURE Walter J. Lees M. D. ADDRESS Cockeysville Md DATE SIGNED 6/6/55

23. ~~BURIAL, CREMATION,~~ REMOVAL (Specify) Rising Sun Md — DATE THEREOF 6/9/55 — NAME OF CEMETERY OR CREMATORY Nottingham Church Yard — LOCATION (City, town, or county) Rising Sun Md (State)

DATE REC'D BY LOCAL REGISTRAR June 9, 1955 — REGISTRAR'S SIGNATURE Laura M Schroeder — 24. FUNERAL DIRECTOR Wm. Cook, St. Paul + Preston — ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5298

CERTIFICATE OF DEATH

05291

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 56 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY AA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 02-10-2
STREET ADDRESS (If rural give location) 22 N. Lafayette Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) (NMI) (Last) BROWN

4. DATE OF DEATH: (Month) June (Day) 16, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 3/7/78

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10B. KIND OF BUSINESS OR INDUSTRY: U.S.Naval Academy

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Brown

14. MOTHER'S MAIDEN NAME: Rachel Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) OW-WWI

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) HYPERTENSIVE CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 10 YEARS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 21, 19 55 to June 16, 1955, that I last saw the deceased alive on [illegible] and that death occurred at 2:10 P. M, from the causes and on the date stated above.

SIGNATURE William B. Vandegrift M.D.
ADDRESS M. D. VAH, FORT HOWARD, MD.
DATE SIGNED 7-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 6-19-55
NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery
LOCATION (City, town, or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REGISTRAR June 17, 1955
REGISTRAR'S SIGNATURE Dawson L. Parker

24. FUNERAL DIRECTOR ADDRESS
William Reese Funeral Home
108 W. Washington St. Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05292

5299 CERTIFICATE OF DEATH Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ivy Hall Nursing Home; LENGTH OF STAY (in this place) Middle River; HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Harrison St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lodge Forest; STREET ADDRESS (If rural give location) 2007 Headland Rd.

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) F. (Last) BRUN

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Sept. 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10B. KIND OF BUSINESS OR INDUSTRY: Wholesale Grocery

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frances Edward Brun

14. MOTHER'S MAIDEN NAME: Virginia Merrill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Sparrows Pt., Md. Mr. Francis B. Brun - 2007 Headland Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs

ANTECEDENT CAUSE (S) DUE TO (B) arterio-sclerotic heart disease — 6 mo.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral Thrombosis — 3 days

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 23 1955 to June 3 1955, that I last saw the deceased alive on June 1, 1955, and that death occurred at 8:35 AM, from the causes and on the date stated above.

SIGNATURE Joseph Nyeth M. D. ADDRESS 423 Eastern Ave Essex Md DATE SIGNED 6/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/7/55	Loudon Park Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 6-6-55 | REGISTRAR'S SIGNATURE H. D. Hedrick Deputy | 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons | ADDRESS Dolfield Md

05293

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5300 **CERTIFICATE OF DEATH** Reg. Dist. No. 3

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Granite
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Granite
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) H. (Last) Butts

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1-19-1865

9. AGE last birthday 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10B. KIND OF BUSINESS OR INDUSTRY: Tool Making

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Butts

14. MOTHER'S MAIDEN NAME: Elizabeth Ernest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-09-0379

17. INFORMANT & ADDRESS: Miss Emma Butts - Granite, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

IMMEDIATE CAUSE (A) Cardio Vascular Disease

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/25/55, to 6/5/55, that I last saw the deceased alive on 6/5/55, and that death occurred at 10:30 P.M, from the causes and on the date stated above.

SIGNATURE Wm. E. Martin M. D. ADDRESS Randallstown DATE SIGNED 6/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 6-7-55 NAME OF CEMETERY OR ~~CREMATORY~~ Woodlawn LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 6/6/55 REGISTRAR'S SIGNATURE Wm. E. Martin

24. FUNERAL DIRECTOR Luther H. Height ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

05294

5273

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
LENGTH OF STAY (In this place) 55 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1906 48th St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dundalk 22
STREET ADDRESS (If rural, give location) 1906 48th Street.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Buzgierski

4. DATE OF DEATH (Month) (Day) (Year) June 27 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow.

8. DATE OF BIRTH: 4/30/1884

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Box Mfg.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Ignatius Buzgierski

14. MOTHER'S MAIDEN NAME: Mary Tadajewski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-05-8605

17. INFORMANT & ADDRESS: Mary Krajack, 512 S. Dallas St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiac Vascular disease

DUE TO

(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY dont June 27 55 7 P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Wm E Carmine M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED 6/27/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7/1/55 — NAME OF CEMETERY OR CREMATORY: Sacred Heart of Mary — LOCATION (City ~~town~~, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 6-30-55 — REGISTRAR'S SIGNATURE [illegible] — **24. FUNERAL DIRECTOR** M. F. Sadowski & Sons — ADDRESS 1808 Eastern Ave.

Chas D. Sadowski.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5392

CERTIFICATE OF DEATH

05295

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville 52
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: 00
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto
City or town: Catonsville 52
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 36 Overbrook Rd. 1
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: John Broderick Callahan

3.(b) Social Security Number: 9

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Widowed

6.(b) Name of husband or wife: Dorothy Green Callahan
Deceased 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 25, 1893

8. AGE: Years	Months	Days	If less than one day
61	11	6	..... hrs. ..... min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual occupation: Secretary
11. Industry or business: Robert S. Green, Inc.

FATHER
12. Name: John Henry Callahan
13. Birthplace: Baltimore, Md,

MOTHER
14. Maiden name: Sarah F. McGarigle
15. Birthplace: Baltimore, Md.

16. Informant: R. William Callahan
Address: 328 Westowne Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 4, 1955 (month) (day) (year)
Cemetery or crematory: Woodlawn
Location:
18. Funeral director: Fred H. Cole
Address: 1913 W. Baltimore St

19. 6-3 1955 Arl Hartland Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 1st 1955, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18 1954, to June 1 1955 and that I last saw him alive on June 1 1955

Immediate cause of death	DURATION
Coronary Thrombosis	1 hour
Coronary Sclerosis &	
Due to: Myocardial insufficiency	2 years
Due to: 420.1	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: 0 Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Louis E. Nice M.D.
M. D. or other
Address: 920 St. Paul St. Date signed: June 2, 55

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06287

5391 **CERTIFICATE OF DEATH** Reg. Dist. No. 31

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Randallstown X
STREET ADDRESS (If rural give location) Chapman Rd., Randallstown

3. NAME OF DECEASED: (First) Amy (Middle) Elizabeth (Last) Carter

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: August 8, 1886 | 9. AGE last birthday 69 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Augustus Reinhardt
14. MOTHER'S MAIDEN NAME: Elizabeth Foxwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: William A. Carter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X
IMMEDIATE CAUSE (A) Metastatic Carcinomatosis —
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma of Breast primary —
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/, 1955, to 6/26/, 1955 that I last saw the deceased alive on 6/26/, 1955, and that death occurred at 18 M, from the causes and on the date stated above.
SIGNATURE Wm. E. Martin M.D. ADDRESS Randallstown Md DATE SIGNED 6/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF June 29, 1955 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6/27/55 | REGISTRAR'S SIGNATURE Wm. E. Martin | 24. FUNERAL DIRECTOR Frank H. Nuzum-Pikesville Co. ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5393

05296 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 52 Catonsville

LENGTH OF STAY (in this place) 14 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Brookmount, Md. 15 X - 2

STREET ADDRESS (If rural, give location) 6035 Broad st

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHRIS		CHRONAKER	June 28, 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Aug 30. 1917	37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	New York	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Constantine J. Chronaker	Kalcati Kaukauchi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
2 Yes	Army WW2		Hospitalrecords

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

9714 Immediate cause (a) Strangulation by hanging — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Paranoid schizophrenia

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY hospital	21c. (City or town) (County) (State) Catonsville Baltimore Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6/28/55 5:51 p M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Hung himself with sheet

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, ~~Homicide~~ ☐, Undetermined cause ☐.

SIGNATURE R B Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6/29/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-5-55	Arlington National	Wash. D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-30-55	A. W. Hahn Deputy	W. W. Chambers	Wash. D.C.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 052977

5304

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (In this place) 54 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3401-4
STREET ADDRESS (If rural give location) 2104 PENROSE AVE.

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) W. (Last) COLEMAN

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 4/14/09
9. AGE last birthday 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.
11. BIRTHPLACE (State or foreign country): Spotsylvania, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther Coleman
14. MOTHER'S MAIDEN NAME: Elizabeth Diggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO. 263 16 5607
17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592X
IMMEDIATE CAUSE (A) CHRONIC NEPHRITIS — Unknown
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12 1955, to June 5, 1955, that I last saw the deceased alive on [illegible] 19[illegible], and that death occurred at 12:40 AM, from the causes and on the date stated above.
VA
SIGNATURE WILLIAM B. VANDEGRIFT, M.D. M. D.
ADDRESS VAH, Fort Howard, Md.
DATE SIGNED 6/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-8-55
NAME OF CEMETERY OR CREMATORY Arbutus Memorial Cemetery
LOCATION (City, town, or county) (State) Arbutus, Maryland

DATE REC'D BY LOCAL REGISTRAR 6-6 55
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR George G. Kelson Funeral Home
ADDRESS 1348 Calhoun St. Baltimore, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05298

5305

Item 9, Film G182 6-15-55 ef

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3 Vol-4
STREET ADDRESS (If rural give location) 2012 E. JEFFERSON STREET

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) (Last) COMEAUX

4. DATE OF DEATH: (Month) JUNE (Day) 7 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: 9-22-92
9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARBER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): E. BATON ROUGE, LOUISIANA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: CHARLES COMEAUX
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PNEUMONITIS, LEFT LOWER LOBE AND RIGHT LOWER LOBE — Approx.2 Wks

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from MAY 28, 1955, to JUNE 7, 1955, that I last saw the deceased alive on XXXXXXXXXXXXXXXXXXXXXX, 19XX, and that death occurred at 9:05A M. from the causes and on the date stated above.

SIGNATURE F G Dickey — ADDRESS — DATE SIGNED

FRANCIS G. DICKEY, M.D. Chief, Medical Service M. D. VAH, FORT HOWARD, MARYLAND 6-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF JUNE 10, 1955
NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 6-8-55
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR AND ADDRESS Wm.Cook-Blight, Inc.Funeral Home 6009 Harford Rd., Baltimore 14, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

5306

05299

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

Baltimore Co.

1. PLACE OF DEATH: COUNTY Lutherville — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md
STREET ADDRESS (If rural, give location) 3V01.4 Parkway

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Augustus (Last) Cook.

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov. 12. 1861

9. AGE last birthday: 93 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Augustus Cook.

14. MOTHER'S MAIDEN NAME: Elizabeth Stewart Storck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchi pneumonia — 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arterio-sclerosis, carcinoma of prostate

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1955, to present, 19....., that I last saw the deceased alive on Jun 17, 1955, and that death occurred at 8:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Ernest C. Brown Jr. M.D — 101 N. Calvert St. Baltimore-2 — 6/20/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 6/23/55

NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 6-21-55

REGISTRAR'S SIGNATURE: D. W. Hedges Asst.

24. FUNERAL DIRECTOR: Thos. J. Pickerel & Sons

ADDRESS: Balto 17 Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

5307

2411 N. Charles Street, Baltimore

05300

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Balto. County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Fisher Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. County
STREET ADDRESS (If rural, give location) 8 Fisher Road

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) I. (Last) Cook

4. DATE OF DEATH (Month) 6 (Day) 21 (Year) 1955

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH Nov. 17 1887 | 9. AGE last birthday 67 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (State or foreign country) Balto. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Pfarr
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS John V. Cook - 8 Fisher Road

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
199.9 Immediate cause	(a) Malnutrition & Dehydration	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Carcinomatosis	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1955, to June 21, 1955, that I last saw the deceased alive on June 21, 1955, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Oswaldo Bennett MD 2126 Eastern Ave 6/24/55

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE THEREOF 6/24/55 | NAME OF CEMETERY OR CREMATORY Balto. Am. | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 6-22-55 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS John C. Miller Inc. - 2431 E. Eager St.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 05301

5308

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 28 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 921 McKEAN AVENUE

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) B. (Last) COOK

4. DATE OF DEATH: (Month) JUNE (Day) 1, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: 1/4/88

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Transfer Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: WILLIAM W. COOK

14. MOTHER'S MAIDEN NAME: MADDIE BOYD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 212-05-4538A

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP.FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

IMMEDIATE CAUSE (A) CARCINOMA OF LIVER — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from May 4, 1955 to June 1, 1955 that [illegible] and that death occurred at 6:00 AM, from the causes and on the date stated above.

SIGNATURE F G Dickey — ADDRESS — DATE SIGNED

FRANCIS G. DICKEY, M.D., Chief, Medical Service — VAH, FORT HOWARD, MARYLAND — 6-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6-6-55 — NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 6-6-55 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR — ADDRESS Charles G. Cooper, 512 N. Carrollton Ave. Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05302

5309 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lutherville X
STREET ADDRESS (If rural give location) Greenspring Drive 1

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) ALBERT (Last) DEDAL

4. DATE OF DEATH: (Month) June (Day) 15, (Year) 1955

5. SEX: Male | 6. COLOR OR RACE? White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower | 8. DATE OF BIRTH: Nov. 15, 1888 | 9. AGE last birthday 66 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist - ret. | 10B. KIND OF BUSINESS OR INDUSTRY: B. & O. Mfg. Co. | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Julius Dedal | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) None | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 420.0 (A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSE (S) DUE TO (B) Generalized Arteriosclerosis — 2 y.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypertrophied Heart — 6 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. ....., 1955 to 6-15-, 1955 that I last saw the deceased alive on 6-15-, 1955, and that death occurred at 7:50 PM, from the causes and on the date stated above.

SIGNATURE Robert H. Levi M. D. ADDRESS 3105 N. Charles St. DATE SIGNED 6-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF June 18, 1955 | NAME OF CEMETERY OR CREMATORY Sater's Cemetery | LOCATION (City, town, or county) (State) Lutherville, Md.

DATE REC'D BY LOCAL REGISTRAR 20 June 1955 | REGISTRAR'S SIGNATURE Anna Annis Fred MacRae | 24. FUNERAL DIRECTOR John Burns' Sons | ADDRESS Towson, Md.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05303

5310 **CERTIFICATE OF DEATH** Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Owings Mills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Park Heights Ave., - Ext'd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills X
STREET ADDRESS (If rural give location) 1 Park Heights Ave., Extd

3. NAME OF DECEASED: (First) CHRISTOPHER (Middle) K. (Last) DEMENT

4. DATE OF DEATH: (Month) June (Day) 23, (Year) 1955

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: April 6, 1876 | 9. AGE last birthday 79 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Artist
10B. KIND OF BUSINESS OR INDUSTRY: Commercial
11. BIRTHPLACE (State or foreign country): N. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alphonsus Dement
14. MOTHER'S MAIDEN NAME: Lucretia Plesants

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Owings Mills, Md. Mrs. Mattie H. Dement-Park Hgts Ave.-Ex.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.1	(A) Coronary Thrombosis	3 Hours
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Coronary Sclerosis	1 yr
	(C) DUE TO Art. Sclerosis	2-3 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16th, 1955, to June 23rd, 1955, that I last saw the deceased alive on June 23rd, 1955, and that death occurred at 10 A M, from the causes and on the date stated above.
SIGNATURE James A. Miller M.D. ADDRESS Pikesville-8, Md. DATE SIGNED 6/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6/25/55 | NAME OF CEMETERY OR CREMATORY Parkwood Cem. | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 6-24-55 | REGISTRAR'S SIGNATURE R. N. Hedrick | 24. FUNERAL DIRECTOR Wm. J. Tilden & Sons - Balto. 17 Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05304

5311 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Newport 08X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Emory (Middle) (Last) DePew

4. DATE OF DEATH: (Month) 6-27- (Day) (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Unknown
9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1
IMMEDIATE CAUSE (A) Cerebrovascular accident
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic cardiovascular disease — Years
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-18- , 1955 to 6-27- , 1955 that I last saw the deceased alive on 6-27- , 1955, and that death occurred at 9:25 M, from the causes and on the date stated above.

SIGNATURE S. Wachsler
Stella Wachsler M.D.
ADDRESS Spring Grove State Hospital Catonsville 28, Maryland
DATE SIGNED 6-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-30-55
NAME OF CEMETERY OR CREMATORY Dentsville M E
LOCATION (City, town, or county) (State) Dentsville Md

DATE REC'D BY LOCAL REGISTRAR 6/30/55
REGISTRAR'S SIGNATURE Julius H. Berry Deputy Registrar
24. FUNERAL DIRECTOR Hartt & Ryan
ADDRESS Waldorf Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

5312

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05305 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stonleigh
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7110 Rich Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Stonleigh
STREET ADDRESS (If rural, give location) 7110 Rich Hill Road

3. NAME OF DECEASED: (First) DAVID (Middle) (Last) DE ROCHE

4. DATE OF DEATH (Month) 6 (Day) 29 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, ~~(Specify)~~

8. DATE OF BIRTH: April 3, 1873

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): grocery merchant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crawford Co. Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John L. DeRoche

14. MOTHER'S MAIDEN NAME: Da

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 275-01-0622

17. INFORMANT & ADDRESS: Daryl R. DeRoche 7110 Rich Hill Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Gunshot wound of head — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY home

21c. (City or town) Stonleigh (County) Baltimore (State) Maryland

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Shot self in head

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE William N. Lovett M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 6/30/55

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 6-30-1955 — NAME OF CEMETERY OR CREMATORY Monroe — LOCATION (City, town or county) (State) Columbus Ohio

DATE REC'D BY LOCAL REG. June. 30, 1955 — REGISTRAR'S SIGNATURE Mabel C. Gray — 21. FUNERAL DIRECTOR John Burns Sons — ADDRESS 40 York Rd Towson 4

VS. A15A - 5 - 53

ah

MARYLAND STATE DEPARTMENT OF HEALTH

5313

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05306

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa 6400 Bellona Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Towson~~ Baltimore 3101.4
STREET ADDRESS (If rural, give location) 1120 Greenmount Ave

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Mary	C	Devon		June	1	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Nov. 1, 1874	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lawrence Devon
14. MOTHER'S MAIDEN NAME: Mary Callan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Jane S. Holt 1120 Greenmount Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	8 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-Vascular Disease	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
T. F. Flynn	Physician	11 East Chase St. #2	6/2/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 4, 1955	Cathedral Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 3, 1955	A. W. Hedrick Jr.	H. W. Mears & Son	805 N. Calvert St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

A5307

5314

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Kolb Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.
STREET ADDRESS (If rural, give location) 101 Kolb Avenue

3. NAME OF DECEASED (Type or Print): (First) August (Middle) (Last) Ditzel

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 8, 1878

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Ditzel

14. MOTHER'S MAIDEN NAME: Florintine Wisterfelt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-03-8491

17. INFORMANT AND ADDRESS: Mrs Flora Ditzel 101 Kolb Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331/X Immediate cause (a) Cerebral Hemorrhage — 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 12 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1955, to June 14, 1955, that I last saw the deceased alive on June 14, 1955, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE Wigley (Degree or title) ADDRESS 1 W. OVERLEA AVE. BALTO. 6, MD. — No 5-1226

DATE SIGNED 6-15-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 18, 1955

NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6-15-55

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Lilly & Zeiler Inc., 403 S. Wolfe St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5315

05309

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Catonsville rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 Dillion Heights

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville rural X
STREET ADDRESS (If rural, give location): Dillion Heights 1

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) ANNA (Last) DORSCH

4. DATE OF DEATH: (Month) 6-23-1955 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-5-1885

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Wittman

14. MOTHER'S MAIDEN NAME: Catherine Haunsteine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Frank Dorsch, Catonsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.0 Immediate cause (a) Cirhosis of the liver — 14yr +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adenocarcinoma of sigmoid with metastases — 14yr +

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 June, 1955, to 23 June, 1955, that I last saw the deceased alive on 23 June, 1955, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Joshua Hecht Jr. M.D. 1118 St. Paul St., Balt. 2, Md — 6-24-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6-27-55 — NAME OF CEMETERY OR CREMATORY: St. Johns Lutheran — LOCATION (City, town, or county) (State): Pfieffers Corner Md

DATE REC'D BY LOCAL REG.: JUN 27 1955 — REGISTRAR'S SIGNATURE: George W. Saumann

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 05310

5316

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH: Balto.
COUNTY Home MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 307 Taylor Ave.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) FRED. (Last) DOSCH

4. DATE OF DEATH: (Month) (Day) (Year) JUNE 4 – 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	WHITE	MARRIED	DEC. 11 - 1892	62 yrs.	6			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Oiler	Grain Elevator	Baltimore	

13. FATHER'S NAME: John R. Dosch
14. MOTHER'S MAIDEN NAME: Martha Krieter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	213-05-0638	Lottie Dosch (Wife) Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Stomach	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from March, 1954, to June 3, 1955, that I last saw the deceased alive on June 3, 1955, and that death occurred at 9:43 PM, from the causes and on the date stated above.

SIGNATURE J. Mech M.D. (DEGREE OR TITLE) ADDRESS 423 Eastern Ave Essex Md DATE SIGNED 6/6/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 8-55	Oak Lawn	Eastern Blvd. Balto Md

DATE REC'D BY LOCAL REG. 6-7-55 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR John S. Connelly ADDRESS Essex

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05311

5317

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): FORT HOWARD
LENGTH OF STAY (in this place): 98 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BALTIMORE
STREET ADDRESS (If rural give location): 730 KIRSCH COURT

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) W, (Last) DRIVER

4. DATE OF DEATH: (Month) JUNE (Day) 1 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 2-14-94

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10B. KIND OF BUSINESS OR INDUSTRY: BREWERY

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JERRY B. DRIVER

14. MOTHER'S MAIDEN NAME: LILLY BARNES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): YES (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 213-26-1350

17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

150X

IMMEDIATE CAUSE (A) CARCINOMA OF ESOPHAGUS — 1 YEAR

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 23, 1955, to JUNE 1, 1955, that I last saw the deceased alive on [illegible] 19[illegible], and that death occurred at 10:15 PM, from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT, M.D. — ADDRESS: M. D. VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 6-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 6-6-55 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cem. — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6-3-55 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR AND ADDRESS: Arlington S. Phillips, 1808 N. Monroe St. Baltimore 17, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05312

5318 **CERTIFICATE OF DEATH** Reg. Dist. No. 35-

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural - Freeland
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beckleysville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Freeland X
STREET ADDRESS (If rural give location) Beckleysville Rd.

3. NAME OF DECEASED: (Type or Print) (First) J. (Middle) Keller (Last) Duncan

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1955.

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Oct. 16, 1870 | 9. AGE last birthday: 84 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: Own Farm. | 11. BIRTHPLACE (State or foreign country): Norrisville, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Duncan | 14. MOTHER'S MAIDEN NAME: Elizabeth Bell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Gladys L. Kurtz

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X

IMMEDIATE CAUSE (A) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSE (S) DUE TO (B) Hypertrophic Cystitis — 6 Months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Prostatitis — 10 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 5-19-55 | 19B. MAJOR FINDINGS OF OPERATION: Stellato Urinary Calculus Hyperplastatism | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-11-, 1955, to June 14, 1955, that I last saw the deceased alive on 6-13, 1955, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

SIGNATURE James F. Mullan M.D. ADDRESS York, Pa DATE SIGNED 6-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF June 17 1955 | NAME OF CEMETERY OR CREMATORY Stewartstown Cemetery | LOCATION (City, town, or county) (State) Stewartstown, York Co., Pa

DATE REC'D BY LOCAL REGISTRAR 6/16/55 | REGISTRAR'S SIGNATURE Edwin L. Preston | 24. FUNERAL DIRECTOR Jacob Hartenstein | ADDRESS New Freedom, Pa.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

5319

05313

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 4

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 3mo. 19days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Halethorpe
STREET ADDRESS (If rural, give location): 5729 Mineral Avenue

3. NAME OF DECEASED: (Type or Print) (First) Peter (Middle) (Last) Dunn

4. DATE OF DEATH (Month) (Day) (Year): 6-30- 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-11-1871

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Foreman machine shop

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William E. Dunn

14. MOTHER'S MAIDEN NAME: Margaret Frey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardio pulmonary thrombosis	2 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Infarctive pneumonitis	2 days
DUE TO		
	(c) Arteriosclerotic heart disease	Years

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Fracture of neck of right femur — 1mo.12days

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY: Hospital

21c. (City or town) Catonsville (County) Baltimore (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: 5-18-55 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Push down by another patient

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Thomas K. Gallagher M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED: 7-1-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-4-55 — NAME OF CEMETERY OR CREMATORY: Baltimore — LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 7-5-55 — REGISTRAR'S SIGNATURE: A. W. Hedrick Deputy

24. FUNERAL DIRECTOR: Fred A. Cole — ADDRESS: 1913 W. Balto. St.

5320

05314

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville

LENGTH OF STAY (in this place) 9mo. 12days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Prince George

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 1222 Rhode Island Ave., N.E.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Roberta	C.	Duvall	June 14, 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	1-2-1874	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Taylor	Elizabeth Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No 4	Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

902.7

Immediate cause (a) Inanition and Dehydration — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Senile Brain Disease — DUE TO

(c) and Generalized Senility

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of left femur

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
5-3-55	Fractured femur was pin by Steinman pin	Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Hospital	Catonsville Baltimore Maryland

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
4-26-55 M.		Fell to floor while trying to get in bed

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Rev. J. McKieffer 1010 Keefe Ave

M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6-15-55

23. BURIAL, CREMATION, REMOVAL, (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-18-55	Fort Lincoln Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-15-55	T. E. Harry	W. W. Chambers Co.	1400 Chapin N.W. 9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05315

5321 CERTIFICATE OF DEATH Reg. Dist. No. 32

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Pikesville
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 705 Milford Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville X
STREET ADDRESS (If rural give location) 705 Milford Mill

3. NAME OF DECEASED: (First) Cora (Middle) Olga (Last) Einwaechter
4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	married	6 Oct 1876	78 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: none.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Ruhl
14. MOTHER'S MAIDEN NAME: Mary Kratz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs Fred Einwaechter, 705 Milf. Mill Rd, Pikesville 8 Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
IMMEDIATE CAUSE (A) Hypertensive cardiovascular disease. — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 50 , to 29 June , 19 55 , that I last saw the deceased alive on 29 June , 19 55 , and that death occurred at 9 30 A.M, from the causes and on the date stated above.

SIGNATURE Paul N Royse M. D. ADDRESS Pikesville 8 Md DATE SIGNED 29 June 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/2/55	Loudon Park Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 6 30 55 — REGISTRAR'S SIGNATURE K.L. Hodder — 24. FUNERAL DIRECTOR Wm J. Tichnor & Sons — ADDRESS North & Pa aves.

5322

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05316

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville — LENGTH OF STAY (in this place) 18 1/2 S
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2928 Northwind Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location) 2823 Erie Ave Balto 34

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Kennedy (Last) EVANS
4. DATE OF DEATH (Month) June (Day) 12 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow
8. DATE OF BIRTH: June 9-1882
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Balto City Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Chas A Sefton
14. MOTHER'S MAIDEN NAME: Margaret Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Harry Torbit 2823 Erie Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension — 8 yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Charles F O'Donnell MD 501 York Rd Towson 4 Md 6/12/55

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 6/15/55 — NAME OF CEMETERY OR CREMATORY: Moralgrd Mem Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: June 14 1955 — REGISTRAR'S SIGNATURE: C. A. Hedrick
24. FUNERAL DIRECTOR — ADDRESS: Lassahn Funeral Home 7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5323

CERTIFICATE OF DEATH

05317

Reg. Dist. No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2124 Southland Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2124 Southland Rd.

3. NAME OF DECEASED: (Type or Print) (First) Vincent (Middle) Joseph (Last) Fava

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 29, 1899

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: Turst Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Salvatore Fava

14. MOTHER'S MAIDEN NAME: Mary A. Tamburo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW2

16. SOCIAL SECURITY NO. 217-22-7368

17. INFORMANT & ADDRESS: Theresa M. Fava - 2124 Southland Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Adam Stoker Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Congestive Heart failure — 5 weeks

DUE TO (C) Coronary Thrombosis — 18 Months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1954, to June 29, 1955, that I last saw the deceased alive on June 28, 1955, and that death occurred at 5:05 P.M., from the causes and on the date stated above.

SIGNATURE Edwin G Bierpont M. D. ADDRESS 8204 Liberty Rd, Balto 7, Md DATE SIGNED 6/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF July 2, 1955 — NAME OF CEMETERY OR CREMATORY New Cathedral Cem. — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 6-30-55 — REGISTRAR'S SIGNATURE H. D. Hedrick

24. FUNERAL DIRECTOR Ellsworth Armacost ADDRESS Ellsworth Armacost - 4600 Liberty Hghts. Ave. 7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05318

5324

CERTIFICATE OF DEATH

Reg. Dist. No. 47

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 23 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3 Yo 1.4
STREET ADDRESS (If rural give location) 6614 FAIT AVENUE

3. NAME OF DECEASED: (Type or Print) (First) GUS (Middle) J. (Last) FEDDER

4. DATE OF DEATH: (Month) JUNE (Day) 2 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 2-14-92
9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC
10B. KIND OF BUSINESS OR INDUSTRY: DIESEL
11. BIRTHPLACE (State or foreign country): SWEDEN
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN FEDDER
14. MOTHER'S MAIDEN NAME: LENA CARLSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 217-09-0539
17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD,MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163X

IMMEDIATE CAUSE (A) CARCINOMA OF LUNG — UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PULMONARY EMPHYSEMA, CHRONIC, SEVERE ARTERIOSCLEROTIC HEART DISEASE — UNKNOWN

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 10, 1955, to JUNE 2, 1955, that I last saw the deceased alive on [illegible] 19[illegible] and that death occurred at 3:40 A M, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS DATE SIGNED
FRANCIS G. DICKEY, M.D., Chief, Medical Service V.A. VAH, FORT HOWARD, MARYLAND 6-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 5-6-55
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL CEMETERY
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 6-3-55
REGISTRAR'S SIGNATURE JST
24. FUNERAL DIRECTOR Walter Brooks Bradley ADDRESS 700 Willow Spring Road Baltimore (Dundalk) Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND 5325

STATE DEPARTMENT OF HEALTH

05319

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place) 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOUSE IN PINES HOME 90

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO. 3V01.4
STREET ADDRESS (If rural, give location) 717 STAMFORD RD.

3. NAME OF DECEASED (Type or Print) (First) ALIDA (Middle) GERRITS (Last) FILLING

4. DATE OF DEATH (Month) 6 (Day) 8 (Year) 1955

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH NOV. 11, 1877

9. AGE Last birthday 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (State or foreign country) HOLLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN GERRITS

14. MOTHER'S MAIDEN NAME ALIDA DEURITER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Benner 717 Stamford Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 da.

442X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Renal Disease — 10 yr (3)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-5, 1955, to 6-8, 1955, that I last saw the deceased alive on 6-7, 1955, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wilmer K. Fullagar M.D. 6209 Frederick Rd. Balto. 28 Md. 6-9-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 6-10-55

NAME OF CEMETERY OR CREMATORY Holy Redeemer

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 6-10-55

REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR ADDRESS Fahey Funeral Home - Catonsville, Md.

MARGIN RESERVED FOR BINDING

5326

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05320

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARKS — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS YORK ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MARYLAND - Sparks
STREET ADDRESS (If rural, give location) YORK ROAD

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) (Last) FOSTER
4. DATE OF DEATH: (Month) JUNE (Day) 24 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED
8. DATE OF BIRTH: MAR. 31, 1878
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GARAGE OWNER & OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: AUTO REPAIRING
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE FOSTER
14. MOTHER'S MAIDEN NAME: RACHEL SPARKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: A. M. Frame — (Degree or title) M.D. — ADDRESS Parkton Md — DATE SIGNED 6/24/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF JUNE 27, 1955 — NAME OF CEMETERY OR CREMATORY: JESSOPS CEMETERY — LOCATION (City, town, or county) (State): COCKEYSVILLE, BALTO. CO., MD.

DATE REC'D BY LOCAL REG. 29 June 1955 — REGISTRAR'S SIGNATURE: Irene Armistead MacRae — 24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05321

5327

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place) 55
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1205 York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 1205 York Rd.

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) VIRGINIA (Last) FOSTER

4. DATE OF DEATH: (Month) June (Day) 20, (Year) 1955

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH: Oct. 10, 1894 | 9. AGE last birthday 60 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Bainberger

14. MOTHER'S MAIDEN NAME: Virginia Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Edwin K. Foster - 1205 York Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X IMMEDIATE CAUSE (A) Thrombosis, left middle cerebral artery — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis, cerebral — +2 yrs.

DUE TO (C) Diabetes mellitus, hypertension — 10 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1953, to 6/20, 1955, that I last saw the deceased alive on 6/18, 1955, and that death occurred at 10:5 P. M. from the causes and on the date stated above.

SIGNATURE Harry F. Kemperdick M. D. ADDRESS 1101 N. Calvert St. Balto 2, Md. DATE SIGNED 6/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6/23/55 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (City, town, or county) Baltimore, Md. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-23-55 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Wm. J. Pickard & Son East | ADDRESS 17 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05322

5328

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X FORT HOWARD
LENGTH OF STAY (in this place): 64 DAYS
HOSPITAL OR INSTITUTION OR PRIVATE RESIDENCE
STREET ADDRESS: 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE 3V01-4
STREET ADDRESS (If rural give location): 1846 WILKENS AVENUE ✓

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) J. (Last) FOSTER

4. DATE OF DEATH: (Month) JUNE (Day) 22 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 5-9-75

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN

10B. KIND OF BUSINESS OR INDUSTRY: STEEL PLANT

11. BIRTHPLACE (State or foreign country): NORTH POINT, PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: EPHRIAM FOSTER

14. MOTHER'S MAIDEN NAME: MAGGIE L. MCCLELLAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) SAW

16. SOCIAL SECURITY NO. 213-07-1313

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) MYOCARDIAL INFARCT; ARTERIOSCLEROTIC XXXXXX OCCLUSION OF LEFT CORONARY ARTERY — 4 WEEKS

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO INFARCT, LEFT CEREBRUM — UNKNOWN
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 4-29-55
19B. MAJOR FINDINGS OF OPERATION: TRANSURETHRAL RESECTION Findings: Nodular hyperplasia of prostate
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APR. 19, 1955, to JUNE 22, 1955, XXXXXXXXXXXXXXXXXXXX and that death occurred at 12:05 PM, from the causes and on the date stated above.
SIGNATURE: WILLIAM BE VANDEGRIFT
ADDRESS: M. D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 6-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: June 24, 1955
NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL
LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 6-24-55
REGISTRAR'S SIGNATURE: A W Hedrick ✓
24. FUNERAL DIRECTOR: WM. COOK-BLIGHT INC.
ADDRESS: 6009 HARFORD RD BALTO. MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5329 **CERTIFICATE OF DEATH** Reg. Dist. No. 42 5323

1. PLACE OF DEATH: COUNTY Baltimore, Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Craddock's Nursing Home 1900 Northeast Ave,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 Y 0 1-4
STREET ADDRESS (If rural give location) 1918 Riggs Ave.

3. NAME OF DECEASED: (Type or Print) (First) Matthews (Middle) B. (Last) Fraling
4. DATE OF DEATH: (Month) 6-8- (Day) (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Colored		Oct. 6, 1904	50 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Box Cutter	Gordon Paper Box	Taneytown, Maryland	

13. FATHER'S NAME: Simon Fraling
14. MOTHER'S MAIDEN NAME: Josephine Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Yes WW11		Simon Fraling 1603 McKean Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163X IMMEDIATE CAUSE (A) Carcinoma of right Lung

ANTECEDENT CAUSE (S) DUE TO (B) Hemiplegia of left side

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1955 to June 8 1955, that I last saw the deceased alive on June 7, 1955, and that death occurred at 11 A M, from the causes and on the date stated above.

SIGNATURE Fred Woodyer M. D. ADDRESS R4 Box 212 Elkridge 27 Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-13-1955	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-13-55	[signature]	Arlington S. Phillips	1808 N. Monroe Street

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05324

5330 CERTIFICATE OF DEATH Reg. Dist. No. 50

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) Since 5/18/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, 18 3rd 01-4
STREET ADDRESS (If rural give location) 3047 Abell Ave.

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) (Last) Frederick

4. DATE OF DEATH: (Month) 6 (Day) 25 (Year) 1955

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): divorced 8. DATE OF BIRTH: 3/21/91 9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles H. Kaufman

14. MOTHER'S MAIDEN NAME: Emma Louise Nicholson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) unk. 16. SOCIAL SECURITY NO. unk.

17. INFORMANT & ADDRESS: This Hospital's Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Cardiopulmonary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSE (S) DUE TO (B) Cachexia and inanition — months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Multiple intrabdominal metastases — ??
Carcinoma of ascending colon

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Infarctive cardiac fibrosis — years

19A. DATE OF OPERATION: 3 ?/?/50 19B. MAJOR FINDINGS OF OPERATION: Annular carcinoma ascending colon 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 5/18/50, 19 50, to 6/25, 19 55, that I last saw the deceased alive on 6/25, 19 55, and that death occurred at 8 A M, from the causes and on the date stated above.

SIGNATURE Bruno Radauskas M. D. ADDRESS Spring Grove St. Hosp. DATE SIGNED 6/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF June 28-1955 NAME OF CEMETERY OR CREMATORY Druid Ridge LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR 6 27 55 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR Dorn Bros. Inc ADDRESS 1217 St Paul St

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

05325

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5331 **CERTIFICATE OF DEATH** Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upperco (Rural) ✓
LENGTH OF STAY (in this place) 5-yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upperco - Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) RAYMOND (Middle) W (Last) GANSKE Jr

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Oct 31-1949

9. AGE last birthday: 5 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NO

10B. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Raymond W Ganske, Sr.

14. MOTHER'S MAIDEN NAME: Freda Bittle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NO

17. INFORMANT & ADDRESS: R W Ganske Sr, Upperco Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193X
IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Brain Tumor (Pontine glioma) DUE TO
(B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/29, 1952 to 6/28, 1955, that I last saw the deceased alive on 6/27, 1955, and that death occurred at 10A M, from the causes and on the date stated above.

SIGNATURE W H. Foard ADDRESS M. D. Manchester Md DATE SIGNED 6/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF June 30/55 | NAME OF CEMETERY OR CREMATORY Grace | LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR 6-30-55 | REGISTRAR'S SIGNATURE Mary B. Elmo | 24. FUNERAL DIRECTOR Edw C Tipton | ADDRESS Hampstead Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5332

05326 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville 8
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6700 Saginaw Circle

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto. City.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Balto 15 3V01.4
STREET ADDRESS (If rural, give location) 3315 Clarks Lane. ✓

3. NAME OF DECEASED: (First) JOSEPH (Middle) (Last) GEARTNER
(Type or Print)

4. DATE OF DEATH (Month) June (Day) 12 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	married	Jan 20, 1910.	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Salesman	Real Estate	Balto. Md.	U.S.A.

13. FATHER'S NAME: Benj. Geartner

14. MOTHER'S MAIDEN NAME: Hilda. Steiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No. —	212-10-9989	Lee Rosenbaum (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Occlusion	1 hr
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) None.	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
None	None.	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
None.	None.	

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
None. M.	None.	None.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caplis M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6-12-'55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-14-1955	Windsor Mill Rd	Balto Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-12-55	H. W. Hedrick	Jack Lewis Inc	2100 Eutaw Pl

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5333 **CERTIFICATE OF DEATH** Reg. Dist. No. 05327 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 329 Harlem Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) formerly of 820 N. Hollins St. ✓

3. NAME OF DECEASED: (First) ROBERT (Middle) G. (Last) GENS
4. DATE OF DEATH: (Month) June (Day) 25, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	May 25, 1862	93 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk (rtd)
10B. KIND OF BUSINESS OR INDUSTRY: J. P. Gilpin Co.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Carl Gens
14. MOTHER'S MAIDEN NAME: Amelia --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no ✓ (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Glen Burnie, Md. Mr. Charles V. Cearfoss-306 Shipley Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 IMMEDIATE CAUSE (A) Pulmonary edema

ANTECEDENT CAUSE (S) DUE TO (B) Chronic heart failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis & senile

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 54, to 6.25, 19 55, that I last saw the deceased alive on 6.25, 19 55, and that death occurred at 9.45 p. M. from the causes and on the date stated above.
SIGNATURE Stanley Ankeney M.D. ADDRESS 1802 W. Baltimore St. DATE SIGNED 6.27.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/29/55	Broadfording Cem.	Broadfording, Md.

DATE REC'D BY LOCAL REGISTRAR 6-27-55 REGISTRAR'S SIGNATURE Dan'l. Hedrick Deputy
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons-Balto Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05328 Reg. Dist. 5374

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place) 6 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 428 Trappe Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 428 Trappe Road

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) A. (Last) GINSKI

4. DATE OF DEATH (Month) June (Day) 9, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 9, 1919	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintaince Man		Baltimore	

13. FATHER'S NAME: Rudolph Ginski

14. MOTHER'S MAIDEN NAME: Mary Drozd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mrs Mary Ginski 2106 Eastern Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
976X Immediate cause	(a) Gunshot wound of head.	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home	21c. (City or town) (County) (State) 428 Trappe Road, Dundalk, Balto.Co., Md.
21d. TIME (Month) (Day) (Year) (Hour) OF Found INJURY 6/9/55 6 P. M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Shot self in head.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. Gruber M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED June 10, 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 11, 1955	St. Stanislaus	Baltimore

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-10-55	R. W. Hedrick Deputy	Lilly & Zeiler Inc.,	403 S. Wolfe St.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05329

5334

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): FORT HOWARD
LENGTH OF STAY (in this place): 211 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BALTIMORE
STREET ADDRESS (If rural give location): 2420 EAST FAYETTE STREET

3. NAME OF DECEASED (Type or Print): WILLIAM (First) E. (Middle) GOETZ (Last)

4. DATE OF DEATH: JUNE (Month) 22 (Day) 1955 (Year)

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: 7-15-99

9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER

10B. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: DANIEL GOETZ

14. MOTHER'S MAIDEN NAME: ELIZABETH CLINTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): YES — (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 220-07-4198

17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

144X

IMMEDIATE CAUSE (A): CARCINOMA OF RIGHT PALATE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO (B):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from NOV. 23, 1954, to JUNE 22, 1955, [redacted] and that death occurred at 12:45 PM, from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT — ADDRESS: M. D. VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 6/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: June 27, 1955 — NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL — LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 6-24-55 — REGISTRAR'S SIGNATURE: R. H. Hedrick R.E.

24. FUNERAL DIRECTOR: JOHN A. MORAN FUNERAL HOME — ADDRESS: 3000 E. BALTO. ST. BALTO. MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5335 **CERTIFICATE OF DEATH** Reg. Dist. No. 05330 97

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Glenoe
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenoe X
STREET ADDRESS (If rural give location) Upper Glenoe Rd

3. NAME OF DECEASED: (Type or Print) (First) Augustus (Middle) Price (Last) Gorsuch

4. DATE OF DEATH: (Month) 6 (Day) 23 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Nov 17, 1870

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm owner

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas T. Gorsuch

14. MOTHER'S MAIDEN NAME: Sarah T. Mays

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Miss Edith Gorsuch, Glenoe Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

IMMEDIATE CAUSE (A) Generalized arteriosclerosis

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pernicious anemia years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1951, to June, 1955, that I last saw the deceased alive on June 21, 1955, and that death occurred at 8 A. M, from the causes and on the date stated above.

SIGNATURE Elizabeth B. Stirrill M.D. ADDRESS Cockeysville Md. DATE SIGNED 6/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6-25-55 | NAME OF CEMETERY OR CREMATORY Family Burial Plot | LOCATION (City, town, or county) (State) Glenoe. Balto Co. Md.

DATE REC'D BY LOCAL REGISTRAR 24 June 1955 | REGISTRAR'S SIGNATURE Anne Carmichael MacRae | 24. FUNERAL DIRECTOR ADDRESS Brooks Funeral Service, Sparks, Md.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05331

CERTIFICATE OF DEATH

5336

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills
LENGTH OF STAY (in this place) 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Timbergrove Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills
STREET ADDRESS (If rural give location) Timbergrove Road

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edgar (Last) Grove

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: April 10, 1874

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): C.P.A. Book Keeper

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Waynesboro, Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F. Grove

14. MOTHER'S MAIDEN NAME: Barbara Garver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215030886

17. INFORMANT & ADDRESS: Mrs. Carrick - same (Mrs. Edw. H)

18. MEDICAL CERTIFICATION — Timber Grove Road Owings Mills, Md

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Pulmonary edema

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic C.V.D. DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to June, 1955, that I last saw the deceased alive on 12 June, 1955, and that death occurred at 6:30 AM, from the causes and on the date stated above.

SIGNATURE Charles H. Williams, M.D. ADDRESS Pikesville, Md DATE SIGNED 13 June 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 6/14/55 NAME OF CEMETERY OR CREMATORY Loudon Park LOCATION (City, town, or county) (State) Frederick Rd. Baltimore Md

DATE REC'D BY LOCAL REGISTRAR 6-14-55 REGISTRAR'S SIGNATURE Mary B. Eline. 24. FUNERAL DIRECTOR Walter J. Hoke ADDRESS Waynesboro, Pa.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . 05333

5337

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Owings Mills
LENGTH OF STAY (in this place) 8 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 1556-2
STREET ADDRESS (If rural, give location) 811 Burlington Avenue

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Marie (Last) Hall

4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: 1/23/54

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Wilford Hall

14. MOTHER'S MAIDEN NAME: Marian Ann Gardiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS: Rosewood Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
752 Immediate cause	(a) Broncho-pneumonia	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Acute Bronchitis	1 day
	DUE TO (c) Congenital internal hydrocephalus	Birth

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27, 19 54, to 6/9, 19 55, that I last saw the deceased alive on 6/9, 19 55, and that death occurred at 5:40 a.m., from the causes and on the date stated above.

SIGNATURE H. B. Butler M.D. (DEGREE OR TITLE) ADDRESS Owings Mills, Maryland DATE SIGNED 6/9/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 6/9/55 NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery LOCATION (City, town, or county) (State) Washington D C

DATE REC'D BY LOCAL REG. 6-9-55 REGISTRAR'S SIGNATURE Mary B. Eline

24. FUNERAL DIRECTOR Frank Geier Sons Co ADDRESS 3605-14 St N.W. Wash. D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05334

5338

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X WILTONDALE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 29 CEDAR AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WILTONDALE X
STREET ADDRESS (If rural give location) 29 CEDAR AVE.

3. NAME OF DECEASED: (Type or Print) (First) GRACE (Middle) JEAN (Last) HAND

4. DATE OF DEATH: (Month) JUNE (Day) 9 (Year) 19 55

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE | 8. DATE OF BIRTH: JUNE 7, 1900 | 9. AGE last birthday: 55 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): NURSE
10b. KIND OF BUSINESS OR INDUSTRY: R.N.
11. BIRTHPLACE (State or foreign country): N.J.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: GEORGE C. HAND
14. MOTHER'S MAIDEN NAME: KATHERINE TROTTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-30-7380
17. INFORMANT & ADDRESS: MISS ELIZABETH HAND SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Uremia — Interval Between Onset And Death: 17-May-55

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive Cardio Vascular Disease — 5-Aug 1953

DUE TO

(c) & Chronic Nephritis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 June, 1955, to 9-June, 1955, that I last saw the deceased alive on 9-June, 1955, and that death occurred at 4.40 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Chas W. Edwards MD 2746 The Alameda 10-June-1955

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 6-12-1955
NAME OF CEMETERY OR CREMATORY METH. EPISCOPAL CHURCH
LOCATION (City, town, or county) (State) NEW PROVIDENCE N.J.

DATE REC'D BY LOCAL REGISTRAR June 16 1955
REGISTRAR'S SIGNATURE RW

24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO. ADDRESS 4905 YORK RD.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05335

5339

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fowblesburg
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 /

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fowblesburg X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) B (Last) HARVEY

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M.

8. DATE OF BIRTH: Oct 13-1885

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY: Farm.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Harvey

14. MOTHER'S MAIDEN NAME: Sarah Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 218-14-1545

17. INFORMANT & ADDRESS: Mrs Chas B Harvey, Fowblesburg Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) Carcinoma, lung, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1955, to June 18, 1955, that I last saw the deceased alive on June 18, 1955, and that death occurred at 6:00 P M, from the causes and on the date stated above.

SIGNATURE Clarence E McWilliams M. D. ADDRESS Leinterstown Maryland DATE SIGNED June 18 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF June 21-55 NAME OF CEMETERY OR CREMATORY Pleasant Grove LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-21-55 REGISTRAR'S SIGNATURE Mary B. Elmer 24. FUNERAL DIRECTOR Edw C Tipton ADDRESS Humphreys Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5340 Items 8,9,11,14 FilmG182 6-10-55 et

05336

CERTIFICATE OF DEATH

Reg. Dist. No. .....

The MARGIN RESERVED FOR BINDING must be carefully supplied. PLEASE WRITE PLAINLY WITH FADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print) Bertha Hammerslough

2. DATE OF DEATH June 6/55

3. PLACE OF DEATH: A. Baltimore City—Maryland College of Pharm

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore ... Yrs. ... Mos. ... Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 4303 B. COUNTY Fernhill Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Md 3 Vol-4

D. STREET ADDRESS (If rural, give location)

5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —

8. DATE OF BIRTH 4-6-60 9. AGE (In years last birthday) 86 If Under 1 Year: Months ... Days ... If Under 24 Hours: Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Hanover, Pa.

12. CITIZEN OF WHAT COUNTRY? 2

13. FATHER'S NAME Philip Frebush

14. MOTHER'S MAIDEN NAME Rachael Strauss

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) A (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mercantile Trust Co Paul Hemmeller ADDRESS

MEDICAL CERTIFICATION

199.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Acute intestinal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma, site undetermined — 2 yrs —

DUE TO

(C) .....

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

O Cerebral arteriosclerosis — yrs —

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1953, *to* present, 19..., *that I last saw the deceased alive on* Jun 6, 1955, *and that death occurred at* 12:30 *m., from the causes and on the date stated above.*

23A. SIGNATURE Ernst Braun Jr M. D. — 23B. ADDRESS 1101 N. Calvert St — 23C. DATE SIGNED Jun 6

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24B. DATE June 7/55 — 24C. NAME OF CEMETERY OR CREMATORY Achavas Friendship Cem. — 24D. LOCATION (City, town, or county) (State) Balto. at Gorsuch St

DATE RECEIVED BY LOCAL REGISTRAR 6-6-55 — REGISTRAR'S SIGNATURE — 25. FUNERAL DIRECTOR Wilmer & Heinicke — ADDRESS 2432 Reisterstown Rd

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05337

5341

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lochearn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3807 Patterson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lochearn
STREET ADDRESS (If rural give location) 3807 Patterson Ave.

3. NAME OF DECEASED: (Type or Print) (First) GRACE (Middle) R. (Last) HASTINGS

4. DATE OF DEATH: (Month) June (Day) 30, (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: Aug. 18, 1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Richardson
14. MOTHER'S MAIDEN NAME: Victoria Steele

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Grace E. Jones - 3807 Patterson Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Myocardial infarction — 1 hr

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Hypertensive Cardiovascular
DUE TO (C) disease — many years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 April, 1955, to 24 June, 1955, that I last saw the deceased alive on 24 June, 1955, and that death occurred at 8:30 P M, from the causes and on the date stated above.
SIGNATURE M. D. Dani M. D.
ADDRESS 3601 Patterson Ave #7
DATE SIGNED 1 July 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 7/2/55
NAME OF CEMETERY OR CREMATORY: Lorraine Mausoleum
LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR: July 2. 1955
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: Wm. J. Fickenscher & Sons
ADDRESS: Balto 17 Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

05338

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5342

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1196 St. Agnes Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural, give location) 1196 St. Agnes Lane

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) W. (Last) Hine

4. DATE OF DEATH: (Month) June (Day) 5, (Year) 1955

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: July 31, 1883 | 9. AGE Last birthday 71 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10B. KIND OF BUSINESS OR INDUSTRY Gen. Elec. Corp. | 11. BIRTHPLACE (State or foreign country): Ohio | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles L. Hine

14. MOTHER'S MAIDEN NAME: Melissa Anspaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 315-07-7208 A

17. INFORMANT & ADDRESS: Miss Ethel M. Hine, 1196 St. Agnes Lane.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 442X (A) Hypertensive Cardio-Vascular

DUE TO

ANTECEDENT CAUSE (S) (B) Renal Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1955, to 5 June, 1955, that I last saw the deceased alive on 4 June, 1955, and that death occurred at 3:00 A.M. from the causes and on the date stated above.

SIGNATURE AND M.D. H. R. Groth M.D. ADDRESS 1707 Edmondson Ave. Catonsville 28 md DATE SIGNED 6/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF June 6/55 | NAME OF CEMETERY OR CREMATORY Edon, Ohio | LOCATION (City, town, or county) Edon, Ohio (State)

DATE REC'D BY LOCAL REGISTRAR 6/5/55 | REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Harry A. Leitz Jr. | ADDRESS 4101 Edmondson Ave

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Mr. W. E. McGrath

1303 Fredk. Rd. Cab.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5343 **CERTIFICATE OF DEATH** Reg. Dist. No. 05339 3

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 6139 Regent Park Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52 1
STREET ADDRESS (If rural give location) 6139 Regent Park Rd.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) E. (Last) Holmes

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Mar. 23, 1889

9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Cutter

10B. KIND OF BUSINESS OR INDUSTRY: National Distillers.

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Holmes

14. MOTHER'S MAIDEN NAME: Harriett Wakeling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-01-4285

17. INFORMANT & ADDRESS: Mrs Cora E. Holmes, 6139 Regent Pk, Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 420.1 (A) Coronary Thrombosis

ANTECEDENT CAUSE (S) DUE TO Arterio Sclerotic Cardio Vascular Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) (016X)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Tuberculosis of Prostate

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1949 to June 29 1955, that I last saw the deceased alive on June 28, 1955, and that death occurred at 7.40 A.M., from the causes and on the date stated above.

SIGNATURE Albert Scagnetti M. D. ADDRESS 1729 W Lombard St DATE SIGNED July 1st 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF July 2/55

NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

LOCATION (City, town or county) (State) Baltimore, Maryland.

DATE REC'D BY LOCAL REGISTRAR 7-1-55

REGISTRAR'S SIGNATURE W. W. Hedrick Deputy

24. FUNERAL DIRECTOR Harry H. Witzke ADDRESS 4101 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5344 **CERTIFICATE OF DEATH** Reg. Dist. No. 05344

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Armacost Nursing Home Regester Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2201 St. Paul St. 3V01.4

3. NAME OF DECEASED: (Type or Print) (First) L. (Middle) ZAIDEE (Last) HULME

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: June 8, 1870

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): never worked

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas A. Hulme

14. MOTHER'S MAIDEN NAME: Hanna E. Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Mr. J. C. H. deShields-2201 St. Paul St.

4

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X IMMEDIATE CAUSE (A) Congestive Heart failure

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertensive Cardio Vascular disease

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1933 to June 15, 1955, that I last saw the deceased alive on June 16, 1955, and that death occurred at 9 P M, from the causes and on the date stated above.

SIGNATURE Walter D. Wise M. D. ADDRESS 1120 St. Paul St DATE SIGNED 6/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6/18/55 | NAME OF CEMETERY OR CREMATORY Green Mount Cem. | LOCATION (City, town, or county) Baltimore, Md. (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-17-55 | REGISTRAR'S SIGNATURE H. W. Hedrick | 24 FUNERAL DIRECTOR Wm. J. Tichenor & Sons-Balto ADDRESS 17

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

5345

05341

Items 18&21 Film G183 7-1-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marriottsville

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wards Chapel Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Baltimore

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Marriottsville, Md.

STREET ADDRESS (If rural, give location): Wards Chapel Rd.

3. NAME OF DECEASED: (Type or Print) (First) MILTON (Middle) Charles (Last) HUMPLE

4. DATE OF DEATH (Month) June (Day) 22, (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Divorced	May 25,1931	24 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Employed by plumber		Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Walter Humple	Daisy Grimm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	218-26-8154	Daisy Humple, Marriottsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

981X

Immediate cause (a) Gunshot wound of head — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY: Home	21c. (City or town) Marriottsville, Md. (County) (State)
21d. TIME OF INJURY (Month) 6/22/55 (Day) (Year) (Hour) 1:25 a.m.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Shot during altercation

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R T Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6/22/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 24,1955	Mt. Paran	Baltimore County

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6-24-55	Mary B. Eline.	J.F.Eline & Sons, Reisterstown, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5346 **CERTIFICATE OF DEATH** Reg. Dist. No. 05342

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Armacost Nursing Home 812 Register Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City 3V01.4
STREET ADDRESS (If rural give location) 811 E. 34th Street ✓

3. NAME OF DECEASED: (First) Agnes (Middle) (Last) Johnson
4. DATE OF DEATH: (Month) 6 (Day) 14 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 3, 1878
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Howard County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Godfrey Ruff
14. MOTHER'S MAIDEN NAME: Achsahbell ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mr. George H. Johnson - 811 E. 34th St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 422.1	(A) Cerebral Vascular Accident	1 day
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Arteriosclerotic Cardio-vascular Disease	8 yrs
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1947, to June, 1955, that I last saw the deceased alive on 14 June, 1955, and that death occurred at 8 P. M. from the causes and on the date stated above.

SIGNATURE Wm. H. Kammer Jr. M.D. ADDRESS 501 Sheridan Ave. DATE SIGNED 6/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/17/55
NAME OF CEMETERY OR CREMATORY Harmony Grove Cemetery
LOCATION (City, town, or county) (State) Howard County, Maryland

DATE REC'D BY LOCAL REGISTRAR 6-15-55
REGISTRAR'S SIGNATURE A.W. Hedrick Dep.
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons
ADDRESS Dover & Va. Ave. - Hag

5347

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 05343

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place) 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1008 Essex Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Balto 21 54
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Marie (Last) Jones

4. DATE OF DEATH (Month) June (Day) 15 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Fem.	White	Widow	Feb 21 1873	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None		Maryland	

13. FATHER'S NAME: Jacob Sigrist

14. MOTHER'S MAIDEN NAME: Mary Haffner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
		Lizette Friedel (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Cardio Vascular Disease	10 yrs
	(c) DUE TO		

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
June 15 55 9:30 A.M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. M. Learmonth M. D. M. D. ~~CHIEF MEDICAL EXAMINER~~ ~~DEPUTY MEDICAL EXAMINER~~ ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED 6-15-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-18-1955	Holy Redeemer Cemetery	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-15-55	D.W. Redmond	Bruzzi Funeral Home	1407 Eastern Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05344

5348

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: Spring Grove State Hospital
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodstock X
STREET ADDRESS (If rural give location) Woodstock College 1

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Keenan

4. DATE OF DEATH: (Month) 6 (Day) 23 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 7-6-1877?

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): dishwasher

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 422.1	(A) Terminal pneumonia	2 days
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Cardiopulmonic thrombosis	2 days
	DUE TO (C) Arteriosclerotic cardiovascular disease	Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6-, 1955 to 6-23-, 1955, that I last saw the deceased alive on 6-22-, 1955, and that death occurred at 4:25 AM, from the causes and on the date stated above.

SIGNATURE Stella Wachsler
Stella Wachsler M. D.
ADDRESS Spring Grove State Hospital Catonsville 28, Maryland
DATE SIGNED 6-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-25-55
NAME OF CEMETERY OR CREMATORY St. Alphonsus
LOCATION (City, town, or county) Woodstock, Md.

DATE REC'D BY LOCAL REGISTRAR 6-24-55
REGISTRAR'S SIGNATURE D W Saumenig

24. FUNERAL DIRECTOR Easton Sons Catonsville, Md
ADDRESS

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

05345

5349

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford (Balto.) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR X TOWN Kingsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Mt. Vista Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford (Balto.)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville X
STREET ADDRESS (If rural, give location) Mt. Vista Rd. 1

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) V. (Last) Killmond

4. DATE OF DEATH: (Month) June (Day) 21st (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4/5/1879

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady

10b. KIND OF BUSINESS OR INDUSTRY: Hutzler Bros

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Killmond

14. MOTHER'S MAIDEN NAME: Laura V. (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uokoowo) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Wilfred W. Killmond Mt. Vista Rd Kingsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Infarction	5 3/4 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Angina Pectoris	2 1/2 yrs
	(c) Hypertensive Cardiovascular Dis.	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Clifford F. Hudson M.D. Fork Md. 6/21/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/24/55
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 6-22-55
REGISTRAR'S SIGNATURE A. W. Wedrich
24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul St.

R. 4

VS. A15A

Wm. Cook Inc.
St. Paul & Preston St.
Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05346

5350 CERTIFICATE OF DEATH Reg. Dist. No. XX

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 114 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3R01-4
STREET ADDRESS (If rural give location) 524 SOUTH BOND STREET ✓

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) (NMI) (Last) KIMAWSKI
4. DATE OF DEATH: (Month) JUNE (Day) 4, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	1-18-89	66 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Groceryman	Own	Poland	U.S.A.

13. FATHER'S NAME: MICHAEL KIMAWSKI
14. MOTHER'S MAIDEN NAME: CATHERINE KIMASWSKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes ✓	WW 1	212-10-2051	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

161X
IMMEDIATE CAUSE (A) CARCINOMA OF LARYNX — INTERVAL BETWEEN ONSET AND DEATH: 1½ Years
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb.10, 1955, to June 4, 1955, ~~that I last saw the deceased~~ ~~alive on~~ ~~, 19~~, and that death occurred at 4:15 PM, from the causes and on the date stated above.

SIGNATURE	ADDRESS	DATE SIGNED
WILLIAM B. VANDEGRIFT, M.D.	M. D. VAH, Fort Howard, Md.	6/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	June 8, 1955	BALTIMORE NATIONAL	BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR, ADDRESS
6-6-55	H. W. Hedrick	William Cook Bright Inc. Funeral Home 6009 Harford Road, Baltimore, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05347

5351

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place) 55
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 ARMACOST NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural give location) 55 1 MARYLAND AVE.

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) ELIZABETH (Last) KING

4. DATE OF DEATH: (Month) JUNE (Day) 12 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: JAN. 27. 1879

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): RET. NURSE

10b. KIND OF BUSINESS OR INDUSTRY: GENERAL NURSING

11. BIRTHPLACE (State or foreign country): INDIANA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EDWARD KING

14. MOTHER'S MAIDEN NAME: MARY EVANS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: JESSIE L. KING - 5 MARYLAND AVE. TOWSON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Broncho pneumonia — 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c) Diabetes mellitus, generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1953, to March 1955, that I last saw the deceased alive on 11 Jun., 1955, and that death occurred at 12:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest A Brown Jr M.D. — ADDRESS 106 N. Calvert St — DATE SIGNED June 13, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF JUN. 14 1955 — NAME OF CEMETERY OR CREMATORY FRIEND'S BURYING GROUND — LOCATION (City, town, or county) (State) BALTIMORE, MD.

DATE REC'D BY LOCAL REGISTRAR June. 14, 1955 — REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR — ADDRESS John Burns Lowe, Towson, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05348

5352

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: Spring Grove State Hospital
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltomore Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 03X1
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (First) Reginald (Middle) Nathaniel (Last) Knott (Type or Print)

4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: W White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single | 8. DATE OF BIRTH: 12-5-1902 | 9. AGE last birthday 52 yrs. | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miscellanebus
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Record Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.1 IMMEDIATE CAUSE (A) Nodular cirrhosis of liver — Years

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Chronic alcoholism — Years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-7-..... , 1955, to 6-20- , 1955 that I last saw the deceased alive on 6-20-55 , 19 ..... , and that death occurred at 6 A. M, from the causes and on the date stated above.

SIGNATURE S. Wachter M.D.
ADDRESS Spring Grove State Hospital Catonsville 28, Maryland
DATE SIGNED 6-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 7/6/55 | NAME OF CEMETERY OR CREMATORY Woodlawn Memorial | LOCATION (City, town, or county) Baltimore Md. | (State)

DATE REC'D BY LOCAL REGISTRAR JULY 7, 1955
REGISTRAR'S SIGNATURE S W Faumann
24. FUNERAL DIRECTOR Wm Frances A Feeley
ADDRESS 1718 Biddle St.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5353

05349

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Notch Cliff near Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 94 Villa Maria Glenarm Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Notch Cliff near Towson X
STREET ADDRESS (If rural, give location): Glenarm Rd

3. NAME OF DECEASED (Type or Print): (First) Sister Mary Della (Middle) Strada (Last) Knuth

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 28 1887

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: RELIGIOUS

11. BIRTHPLACE (State or foreign country): Rochester N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Knuth

14. MOTHER'S MAIDEN NAME: Johanna Foerderer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Sr. Mary Clara Notch Cliff, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria sclerosis — Interval Between Onset and Death: 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1953, to June 25, 1955, that I last saw the deceased alive on June 21, 1955, and that death occurred at 5.45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles F. Donnelly M.D. — ADDRESS: 7501 York Rd. Towson, Md. — DATE SIGNED: 6/25/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 6-27-55.

NAME OF CEMETERY OR CREMATORY: VILLA MARIA CEM.

LOCATION (City, town, or county) (State): NOTCH CLIFF NR Towson, Md.

DATE REC'D BY LOCAL REG.: 6-27-55

REGISTRAR'S SIGNATURE: H. W. Hedrick Deputy

24. FUNERAL DIRECTOR: Charles S. Zeiler — ADDRESS: 901 S. Conkling St. Balto., 24, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05350

5354

CERTIFICATE OF DEATH

Reg. Dist. No. 3c

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 1mo. 7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eyaton
STREET ADDRESS (If rural give location) 02x2

3. NAME OF DECEASED: (First) August (Middle) E. (Last) Kramer

4. DATE OF DEATH: (Month) June (Day) 13, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-18-1880

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA ?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Arteriosclerotic gangrene, rt. foot — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerotic cardiovascular disease — Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Generalized arteriosclerosis — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-6- , 1955 to 6-13- , 1955 that I last saw the deceased alive on 6-13- , 1955, and that death occurred at 1:45 PM, from the causes and on the date stated above.

SIGNATURE S. Wachter M. D. ADDRESS Catonsville 28, Maryland DATE SIGNED Spring Grove State Hospital 6-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF June 16, 1955

NAME OF CEMETERY OR CREMATORY Baltimore

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 15-55

REGISTRAR'S SIGNATURE A.W. Hedrick

24. FUNERAL DIRECTOR Ulrich Funeral Home ADDRESS 4210 Belair Road.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05351

5355 Item 9, Film 182 6-10-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (In this place) 15½ Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY AA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DAVIDSONVILLE 02X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lou (Middle) Emma (Last) Lambert

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: 9-17-1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Mat Cox

14. MOTHER'S MAIDEN NAME: Katherina King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Arteriosclerotic Ht. Disease — years

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Generalized Arteriosclerosis — years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Chronic Brain Syndrome — years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26, 1955, to June 4, 1955, that I last saw the deceased alive on June 4, 1955, and that death occurred at 7 38 P M, from the causes and on the date stated above.

SIGNATURE Frederick E. Phillips M.D. ADDRESS Spring Grove Hosp. DATE SIGNED 6/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF June 7/55 — NAME OF CEMETERY OR CREMATORY Mt Zion — LOCATION (City, town or county) (State) Lutherville Md

DATE REC'D BY LOCAL REGISTRAR 6/4/55 — REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR Bernard Hardesty — ADDRESS Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05352

5356

CERTIFICATE OF DEATH

Reg. Dist. No. 4K

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 94 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3 Vol - 4
STREET ADDRESS (If rural give location) 800 E. BALTIMORE STREET ✓

3. NAME OF DECEASED: (First) JOHN (Middle) T. (Last) LANG

4. DATE OF DEATH: (Month) JUNE (Day) 30 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: 6-30-88

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHOWMAN

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BROOKLYN, NEW YORK

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: PHILIP LANG

14. MOTHER'S MAIDEN NAME: NANCY (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 104-03-5885

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) ABSCESSES OF UPPER AND LOWER LOBES OF

ANTECEDENT CAUSE (S) RIGHT LUNG — INTERVAL BETWEEN ONSET AND DEATH: 6 WEEKS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ABSENCE OF MIDDLE LOBE RIGHT LUNG (CARCINOMA)

19A. DATE OF OPERATION: 5-12-55 3

19B. MAJOR FINDINGS OF OPERATION: Thoracotomy, right and right middle lobectomy. Carcinoma of lung.

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from MARCH 28 1955, to JUNE 30, 1955, that I last saw deceased alive on [illegible] and that death occurred at 2:15A M, from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift M.D. ADDRESS: M. O. VAH, FORT HOWARD, MARYLAND DATE SIGNED: 7-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): REMOVAL — DATE THEREOF: JULY 5, 1955 — NAME OF CEMETERY OR CREMATORY: LONG ISLAND NATIONAL — LOCATION (City, town, or county) (State): LONG ISLAND, NEW YORK

DATE REC'D BY LOCAL REGISTRAR: July 5, 1955 — REGISTRAR'S SIGNATURE: A.W. Fedrick R.E.

24. FUNERAL DIRECTOR: WILLIAM-COOK-BLIGHT INC. ADDRESS: 6009 HARFORD RD BALTIMORE, MD

SHIPPED TO: ARTHUR F. WHITE 315 Conklin St., Farmingdale, New York

05353

5357

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethl. Steel Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (19)
STREET ADDRESS (If rural, give location) 901 J Street

3. NAME OF DECEASED (Type or Print): (First) Lashley (Middle) (Last) Ten

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 1897

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Warren City N. C.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Joseph Lashley

14. MOTHER'S MAIDEN NAME: Martha Wilkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Jeff Lashley 618 J St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 024X (1) Luetic Cardio-Vascular Disease with — Interval between onset and death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Luetic Aortitis

(c) Luetic Neurosyphilis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

M. Bowers M.D. Dep. Med. Examr. Dundalk 22-nd 6/3/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 7/55 — NAME OF CEMETERY OR CREMATORY: Balt. Nat. Cem. — LOCATION (City, town, or county) (State): Balt Md

DATE REC'D BY LOCAL REG.: 6-7-55 — REGISTRAR'S SIGNATURE: L. W. Redmond Deputy — 24. FUNERAL DIRECTOR: Mrs. Lott G. Edwards Daughter — ADDRESS: 1129 N. Carolina St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05354

5358

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 638 Aldershot Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 638 Aldershot Rd.

3. NAME OF DECEASED: (Type or Print) (First) DELLA (Middle) FRANCES (Last) LEAKE

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Feb. 14, 1881

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Cramblitt

14. MOTHER'S MAIDEN NAME: Adeline Sweitzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Mr. Charles J. Leake-638 Aldershot Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1955, to June 24, 1955, that I last saw the deceased alive on June 24, 1955, and that death occurred at 5:00 A.M. from the causes and on the date stated above.
SIGNATURE A. P. Van Schuyver M.D. ADDRESS 4618 Edmondson Ave DATE SIGNED 6/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 6/27/55
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 6-25-55
REGISTRAR'S SIGNATURE: RW
24. FUNERAL DIRECTOR: Wm. J. Tichenor & Sons
ADDRESS: Balto 17 Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5359

CERTIFICATE OF DEATH

05355

Reg. Dist. No. 30

1. PLACE OF DEATH

COUNTY BALTIMORE — MARYLAND

52 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE

LENGTH OF STAY (in this place) 7 WKS 3 DAYS

90 HOSPITAL OR INSTITUTION OR STREET ADDRESS HOME IN THE PINES

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND COUNTY ANNE ARUNDEL

CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) LINTHICUM. 02X-2

STREET ADDRESS (If rurel give location) 437 KINGWOOD ROAD ✓

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) ELIZABETH (Last) LEGGETTE

4. DATE OF DEATH (Month) JUNE (Dey) 4 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthdey	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Deys	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
FEMALE	WHITE	WIDOW	JAN 17, 1874	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWORD (RET'D)	OWN HOME	WINDSOR, N.C.	U.S.A.

13. FATHER'S NAME: DOCTON WILLIAMS

14. MOTHER'S MAIDEN NAME: SARAH E. BAZEMORE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give wer or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: JACKSON L. LEGGETTE 437 KINGWOOD RD LINTHICUM MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X IMMEDIATE CAUSE (A) Cancer of Breast. — INTERVAL BETWEEN ONSET AND DEATH 6 yrs.

ANTECEDENT CAUSE(S) DUE TO (B) Metastised to surround — 2-3 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Organs -

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, ferm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 54, to 6/4, 19 55, that I last saw the deceased alive on 6/4, 19 55, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

SIGNATURE Chas. L. Ball Jr. M.D. **ADDRESS** (Street, city, town, state) P. Linthicum **DATE SIGNED** 6/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JUNE 7, 1955	GLEN HAVEN	GLEN BURNIE, MD

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
June 10, 1955	Victor E. Harris L.D. Diaba	Thomas W. Singleton	Glen Burnie 3rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05356

5360

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Owings Mills
LENGTH OF STAY (in this place): 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington 15X-2
STREET ADDRESS (If rural, give location) 10118 Thornwood Road

3. NAME OF DECEASED: (Type or Print) (First) Kathryn (Middle) Lee (Last) Levedahl

4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	single	3/12/53	2 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Washington, D.C.	U.S.A.

13. FATHER'S NAME: William John Levedahl

14. MOTHER'S MAIDEN NAME: Charmian Scates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—	—	Rosewood Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (351X)	(a) Status Epilepticus	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Injury of head-birth with symptomatic epilepsy and Left hemoplegia (pneumoencephalogram-	Birth
	DUE TO (c) ventricular system dilated bilaterally and symmetrically. Some degree of cortical atrophy over both hemispheres.	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 9/16, 19 53, to 6/21, 19 55, that I last saw the deceased alive on 6/21, 19 55, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE H. B. Butler M.D. (DEGREE OR TITLE) ADDRESS Owings Mills, Maryland DATE SIGNED 6/21/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	June 21,1955	Green Mount Crematory	Baltimore,Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-21-55	Mary B. Eline.	J.F.Eline & Sons,	Reisterstown,Md.

MARYLAND STATE DEPARTMENT OF HEALTH

05357

2411 N. Charles Street, Baltimore

5275

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk Baltimore 53
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3539 McShane Way

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~ Dundalk 53
STREET ADDRESS (If rural, give location) 3539 McShane Way

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph	Stanley	Lewandowski	June 7th, 1955 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Dec. 8-1913	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	Beth. Steel Co.	Baltimore - Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ignatius Lewandowski	Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	216-10-4743	Mrs. Helen Lewandowski - 3539 McShane Way

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	2 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Atherosclerosis	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April, 1955, to 7 June, 1955, that I last saw the deceased alive on 4 June, 1955, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
B W Dello	M.D.	2900 Duncan Rd Dundalk-Md	8 June 1955

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 11-1955	St. Stanislaus	1300 Dundalk ave

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-8-55	H.W. Hedrick	George A Weber	705 S. Ann st

5361

Items 18-21 Film G184 7-20-55 ams

Item 7, Film G183 7-8-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05358 No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN ~~Ten. Ruxton~~ X

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda 15x-2

STREET ADDRESS (If rural, give location) 5504 Nelson Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	WALSON	LIGON	June	30	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 26, 1921	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Owner-John Ligon, Inc.	Floor Tile & Fixtures	Washington, D.C.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John F. Ligon, Sr.	Veryl Walson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	579-18-4740	Wife-5504 Nelson Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

9788

Immediate cause (a) Crushing injury of head — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office, bldg., etc., INJURY Bridge	21c. (City or town) Ruxton	(County) Balto.	(State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
6/30/55 2:45 P M.		Jumped from bridge

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. Mehn M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 7/1/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 2 1955	PARK LAWN	Montgomery Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-1-55	A. W. Hedges	Wm. J. Tickner & Sons	No. 4 Pa. Ave. Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05359

5362

CERTIFICATE OF DEATH

Reg. Dist. No. 3-2

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 45 yrs.

52

HOSPITAL OR INSTITUTION OR STREET ADDRESS 102 Delrey Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

52

STREET ADDRESS (If rural, give location) 102 Delrey Ave.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
FREDERICK WIESSNER LIPPS	June 29, 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	married	Sept. 18, 1900	54 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Builder	Contracting Business	Baltimore, Maryland	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frederick Lipps	Anna Elizabeth Wiessner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Und.		Mrs. Carvilla Helfrich Lipps 102 Delrey Avd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
581.0 Immediate cause	(a) Pulmonary Emboli	2 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Cirrhosis - Hepatomegalia	8 years.
	(c) DUE TO Bronchitis	5 years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— M.	—	—

22. I hereby certify that I attended the deceased from May, 1955, to 6/29, 1955, that I last saw the deceased alive on June 28, 1955, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE W. Wetherbee Fort (DEGREE OR TITLE) ADDRESS 1118 St. Paul St. DATE SIGNED June 30, 1955

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 1, 1955	Loudon Park Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6 30-55	H. D. Hedrick Asst.	John O. Mitchell & Sons Inc.,	1900 Eutaw Pl.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Wetherbee Fort died 2:00 P.M.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05360

5363

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cockeysville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 5 McCann Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01.4
STREET ADDRESS (If rural give location) 3820 Tudor Arms Ave.

3. NAME OF DECEASED: (Type or Print) (First) LILLIE (Middle) M. A. (Last) LYNCH

4. DATE OF DEATH: (Month) June (Day) 16, (Year) 1955

5. SEX: dfemale

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: June 19, 1882

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (retired) saleslady

10B. KIND OF BUSINESS OR INDUSTRY: Department Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: -- Lynch

14. MOTHER'S MAIDEN NAME: Margaret McDonough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. R. L. Rapp - 215 N. Charles St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331 IMMEDIATE CAUSE	(A) Bronchopneumonia	16 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hypertension & Arteriosclerosis, Cerebral	15 yrs.
	DUE TO (C) Arteriosclerosis, Renal	unk

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Former Cerebral hemorrhage & paralysis.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1954 to 6/16, 1955 that I last saw the deceased alive on 6/16, 1955, and that death occurred at 1.10 P.M., from the causes and on the date stated above.

SIGNATURE M. D. Bennett A. Steers ADDRESS Timonium DATE SIGNED 6/16/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6/20/55

NAME OF CEMETERY OR CREMATORY Green Mount Cem.

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR June 18, 1955

REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Wm. J. Tichenor & Sons

ADDRESS Balto 17 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05361

Item 9, Film G184 7-28-55 et 5281

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HALETHORPE
LENGTH OF STAY (in this place) 55YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5720 FIRST AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HALETHORPE
STREET ADDRESS (If rural give location) 5720 FIRST AVE.

3. NAME OF DECEASED: (First) THOMAS (Middle) F. (Last) LYONS

4. DATE OF DEATH: (Month) JUNE (Day) 13 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED
8. DATE OF BIRTH: OCT. 6, 1878
9. AGE last birthday 76 YRS. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NIGHT WATCHMAN
10B. KIND OF BUSINESS OR INDUSTRY: BALTO. NAT. BANK
11. BIRTHPLACE (State or foreign country): IRELAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-14-1778A
17. INFORMANT & ADDRESS: ANNA M. WOLF 5720 FIRST AVE.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X IMMEDIATE CAUSE (A) Hypertensive CVD

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis

DUE TO (C) Senile Marasmus

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1955, to 6/13, 1955, that I last saw the deceased alive on 6/11, 1955, and that death occurred at 11:05 A.M., from the causes and on the date stated above.

SIGNATURE John C Healy M. D. ADDRESS Halethorpe, Md DATE SIGNED 6/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF JUNE 16/1955
NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 6-14-55
REGISTRAR'S SIGNATURE R. W. Medica Deputy
24. FUNERAL DIRECTOR Joseph T. Ambrose, Jr.
ADDRESS 1325 Sulphur Spr. Rd.

5364

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05362 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Corbeysville
LENGTH OF STAY (in this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Falls Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Corbeysville
STREET ADDRESS (If rural, give location) Cuba Rd.

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) VICTOR (Last) MADDEN

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept 28 '02

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry E. Madden

14. MOTHER'S MAIDEN NAME: Effie W Listaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Connie Cole Madden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
912.1 Immediate cause	(a) Crushed left chest.	15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) asphyxia	15 min.
	DUE TO (c) Internal hemorrhage	15 min.
	Tractor upset on him.	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDING OF OPERATION: none.

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY farm.

21c. (City or town) Butler (County) Balto. (State) Md.

21d. TIME OF INJURY (Month) June (Day) 4 (Year) 55 (Hour) 5 M.

21e. INJURY OCCURRED While at work ☒ Not while at work ☐

21f. HOW DID INJURY OCCUR? Tractor upset on him.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
M. D.

DATE SIGNED June 4 '55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 6-8-55

NAME OF CEMETERY OR CREMATORY Douglas Methodist

LOCATION (City, town, or county) (State) Corbeysville Md

DATE REC'D BY LOCAL REG. 6-7-55

REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR Brooks Funeral Service, Sparks Md

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05363

5365 CERTIFICATE OF DEATH Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 4 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 02X-2
STREET ADDRESS (If rural give location) RFD 2 Box 336 Annapolis

3. NAME OF DECEASED: (Type or Print) (First) MOSES (Middle) RULON (Last) MANKIN

4. DATE OF DEATH (Month) 6 (Day) 28 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower | 8. DATE OF BIRTH: March 19, 1869 | 9. AGE last birthday 86 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardener | 10B. KIND OF BUSINESS OR INDUSTRY: FLOWERS | 11. BIRTHPLACE (State or foreign country): Pennsylvania, U.S.A. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Moses R. Mankin | 14. MOTHER'S MAIDEN NAME: UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Anna Riley RFD 2 Box 336 Annapolis Rd, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X IMMEDIATE CAUSE (A) Right lobar Pneumonia

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Senility & Dehydration
DUE TO (C) Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7, 1955, to 6/28, 1955, that I last saw the deceased alive on 6/28, 1955, and that death occurred at 4 AM, from the causes and on the date stated above.

SIGNATURE (Spring Grove Hospital) J.R. Cowan M. D. ADDRESS DATE SIGNED 6/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6/30/55 | NAME OF CEMETERY OR CREMATORY CEDAR Bluff | LOCATION (City, town, or county) Annapolis (State) MD

DATE REC'D BY LOCAL REGISTRAR June 28, 1955 | REGISTRAR'S SIGNATURE Victor E. Henry | 24. FUNERAL DIRECTOR Hollum M Taylor & Sons | ADDRESS Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05964

5366

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville
LENGTH OF STAY (in this place) 2 1/2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton Md 21601
STREET ADDRESS (If rural give location) 407 Goldsborough St.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Henry (Last) Harrel

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower
8. DATE OF BIRTH: March 10-1873
9. AGE last birthday 82 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman & Farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Easton Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Harrel
14. MOTHER'S MAIDEN NAME: Cotilia Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: one week

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/5 —, 1955, to 6/15, 1955 that I last saw the deceased alive on June 15, 1955, and that death occurred at 9:50 M, from the causes and on the date stated above.
SIGNATURE Walter T. Lees M. D. ADDRESS Cockeysville Md DATE SIGNED 6/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF June 18/55 — NAME OF CEMETERY OR CREMATORY Stevensville — LOCATION (City, town, or county) (State) Queens Anne Co.

DATE REC'D BY LOCAL REGISTRAR June 20, 1955 — REGISTRAR'S SIGNATURE Laura M. Schroeder — 24. FUNERAL DIRECTOR Wm. Cook, St. Paul & Preston St — ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05765

5367

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Front and Lincoln Sts

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lutherville
STREET ADDRESS (If rural give location) Front and Lincoln Sts.

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Gertrude K. (Last) Meyer

4. DATE OF DEATH: (Month) June (Day) 29th (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 14, 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. Henry Slagle

14. MOTHER'S MAIDEN NAME: Teresa Wagoner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Henry F. Meyer, Front & Lincoln

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

158X

IMMEDIATE CAUSE (A) Carcinoma of Peritoneum. — INTERVAL BETWEEN ONSET AND DEATH: 10 wks.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 4/15/55

19B. MAJOR FINDINGS OF OPERATION: Carcinomatosis of Peritoneum, inoperable

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10/55 to 6/29/55, that I last saw the deceased alive on 6/29/55, and that death occurred at 1:50 P.M. from the causes and on the date stated above.

SIGNATURE Kenneth A. Stoen M. D. ADDRESS Lutherville DATE SIGNED 6/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: July 2, 1955 — NAME OF CEMETERY OR CREMATORY: Mt. Maria Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6-30-55 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND 5368

05366

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WOODLAWN
LENGTH OF STAY (in this place): 44 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WOODLAWN (RURAL)
STREET ADDRESS (If rural, give location): 6729 WINDSOR MILL RD.

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) GAINOR (Last) MICHEL

4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 12-1-80

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hr: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRAVELING SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: MILLINERY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: THEO. [illegible] MICHEL

14. MOTHER'S MAIDEN NAME: FLORENCE GAINOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 215-05-4977

17. INFORMANT AND ADDRESS: WIFE (6729 WINDSOR MILL RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) HYPERTENSIVE CARDIO VASCULAR DISEASE — Interval between onset and death: 1 MO.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) UREMIA — 2 DAYS

(c) CARDIAC FAILURE.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC., 1954, to JUNE, 1955, that I last saw the deceased alive on 6-6, 1955, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE: G. T. Houck Jr. (Degree or title) M.D. ADDRESS: RANDALLSTOWN, MD. DATE SIGNED: 6-6-55

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE: June 9, 1955

NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: 6-8-55

REGISTRAR'S SIGNATURE: H. W. Hedrick

24. FUNERAL DIRECTOR: Ellsworth Armacost

ADDRESS: 4600 Liberty Heights Ave.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 12, Film 184 7-22-55 et

5369

CERTIFICATE OF DEATH

Reg. Dist. No. 05367

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5743 Edmondson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 5743 Edmondson Ave

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) - (Last) MIDDLEMAN

4. DATE OF DEATH: (Month) 6 (Day) 1 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH:

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Greenfeld

14. MOTHER'S MAIDEN NAME: Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: William Middleman -

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Cerebro. Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) LEFT CARDIAC FAILURE — 6 mo.

DUE TO (C) HYPERTENSIVE CARDIO VAS. DISEASE — 10 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1954 to 6-1, 1955 that I last saw the deceased alive on 6-1, 1955, and that death occurred at 4:45P M, from the causes and on the date stated above.

SIGNATURE M.D. L. V. Houck ADDRESS Randallstown DATE SIGNED 6-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6-2-55 — NAME OF CEMETERY OR CREMATORY Arlington — LOCATION (City, town, or county) Balto — (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-2-55 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Jack Lewis Inc 2100 — ADDRESS Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

Howard
1022 Belle Ave
Rogers

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05368

5370 CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Towson, Ba Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Towson
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard & Enoch Pratt Hospital Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Towson (4)
STREET ADDRESS (If rural give location) 225 E. Burke Avenue

3. NAME OF DECEASED: (Type or Print) (First) Alma (Middle) Satterfield (Last) Miller

4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: August 23, 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph T. Satterfield

14. MOTHER'S MAIDEN NAME: Mary Ann Seward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

(If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Sheppard & Enoch Pratt Hospital, Towson 4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 1 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis — Interval Between Onset And Death: Unk.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1955, to June 13, 1955, that I last saw the deceased alive on June 11, 1955, and that death occurred at 7:30 AM., from the causes and on the date stated above.

SIGNATURE W. W. Blair, M.D. (Degree or title) ADDRESS THE SHEPPARD & ENOCH PRATT HOSPITAL, Towson Md DATE SIGNED 6/13/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF JUN. 16, 1955

NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL

LOCATION (City, town, or county) (State) BALTIMORE, MD.

DATE REC'D BY LOCAL REGISTRAR June 14, 1955

REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05369

5371 **CERTIFICATE OF DEATH** Reg. Dist. No. 33

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkton P.O. - Mt Carmel Road
LENGTH OF STAY (in this place) 77 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton - Mt Carmel Rd.
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) Norris (Last) Miller

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Jan. 22, 1870

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Stockdale

14. MOTHER'S MAIDEN NAME: Elizabeth unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Gilbert L. Miller, Parkton, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X IMMEDIATE CAUSE (A) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Diabetes Mellitus. — 10 years.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1953, to June 12, 1955, that I last saw the deceased alive on June 10, 1955, and that death occurred at 4 A. M, from the causes and on the date stated above.

SIGNATURE Elizabeth B. Sherrill M. D. ADDRESS Cockeysville, Md. DATE SIGNED 6/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried — DATE THEREOF 6-14-55 — NAME OF CEMETERY OR CREMATORY Mt. Carmel Methodist — LOCATION (City, town, or county) Parkton, Md (State)

DATE REC'D BY LOCAL REGISTRAR 6-13-55 — REGISTRAR'S SIGNATURE Mary B. Eline

24. FUNERAL DIRECTOR Brooks Funeral Service — ADDRESS Sparks, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Film G184 7-25-55 et 5372

CERTIFICATE OF DEATH

053711

Reg. Dist. No. 73

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Middle River
LENGTH OF STAY (in this place) 54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River 54
STREET ADDRESS (If rural, give location) 17 Cosmo Lane, Trailer Village

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) E (Last) MOULD

4. DATE OF DEATH: (Month) JUNE (Day) 10 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: 4-22-1882

9. AGE Last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor

10b. KIND OF BUSINESS OR INDUSTRY: N.Y CENTRAL

11. BIRTHPLACE (State or foreign country): NEW YORK STATE

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: JOSEPH MOULD

14. MOTHER'S MAIDEN NAME: ANNA WALLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Clyde Mould (Son) Aberdeen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Heart Failure — Interval Between Onset and Death: 3 Weeks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) arteriosclerotic heart disease — 4 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ Not ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951, to June 10, 1955, that I last saw the deceased alive on June 3, 1955, and that death occurred at 4.30A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Joseph Kraft M.D. ADDRESS 423 Eastern Ave Essex 21 DATE SIGNED 6/10/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF June 13-55

NAME OF CEMETERY OR CREMATORY Woodstock Cem.

LOCATION (City, town, or county) (State) Woodstock N.Y.

DATE REC'D BY LOCAL REG. 6/11/55

REGISTRAR'S SIGNATURE Faith Hurley

24. FUNERAL DIRECTOR Thos G. Connelly ADDRESS Essex

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

05371

5373

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oakdale Ave #123

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 123 Oakdale Ave.

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) ELLEN (Last) MURPHY

4. DATE OF DEATH: (Month) 6-12- (Day) (Year) 1955 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 8-22-1878

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Oella, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Sweet

14. MOTHER'S MAIDEN NAME: Anne V. Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Blanche Doyle, Catonsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 Day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arterio Sclerosis	4 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1955, to June 12 1955, that I last saw the deceased alive on June 12, 1955, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE James Satowski (Degree or title) ADDRESS Catonsville DATE SIGNED 6-13-

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 6-15-55
NAME OF CEMETERY OR CREMATORY: Cathedral
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 6/13/55
REGISTRAR'S SIGNATURE T. E. Harry

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 015372

5374

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 6yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 Winters Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 207 Winters Lane

3. NAME OF DECEASED: (Type or Print) (First) HARRIETT (Middle) CATHERINE (Last) NUGENT

4. DATE OF DEATH: (Month) June (Day) 29, (Year) 1955

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: 8-1-1867

9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Allen Nugent

14. MOTHER'S MAIDEN NAME: Nancy Rheubottom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Elsie Granger, 207 Winters Lane

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410 X

IMMEDIATE CAUSE (A) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: I6 Mo.22d

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertensive Cardiac Disease — ?

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-7-54, 19..., to 6-29-55 19..., that I last saw the deceased alive on 6-29-55, 19..., and that death occurred at 1.10 AM, from the causes and on the date stated above.

SIGNATURE E. F. Maloney M.D. M. D. ADDRESS 57 Winters Lane, Catonsville, Md. DATE SIGNED 6/29/

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 7-2-1955 — NAME OF CEMETERY ~~OR CREMATORY~~ White Rock — LOCATION (City, town, or county) (State) Carroll Co., Maryland

DATE REC'D BY LOCAL REGISTRAR JULY 21 1955 — REGISTRAR'S SIGNATURE Victor E. Harry B

24. FUNERAL DIRECTOR C. M. Waltz, ADDRESS Winfield, Maryland

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05373

5375

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 627 Eastern Blvd.

3. NAME OF DECEASED: (Type or Print) (First) LUCIEN (Middle) F. (Last) PETERS SR.

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1955

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Age 12-1880

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Peters

14. MOTHER'S MAIDEN NAME: Florence Mantler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: mrs. Emma J. Peters (wife) Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic Cardio Vascular disease — 5 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1955, to June 5, 1955, that I last saw the deceased alive on June 5, 1955, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

W. Blum gardner MD Balto 6 Md June 6 1955

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF June 8 - 55

NAME OF CEMETERY OR CREMATORY Parkwood

LOCATION (City, town, or county) (State) Taylor Ave. Parkville Md

DATE REC'D BY LOCAL REG. 6-7-55

REGISTRAR'S SIGNATURE H.D. Hudnut

24. FUNERAL DIRECTOR John J. Connelly ADDRESS Essex

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05374

5376

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTO. CO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 11 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 LOCUST DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
STREET ADDRESS (If rural give location) 114 LOCUST DRIVE

3. NAME OF DECEASED: (First) HAROLD (Middle) LESLIE (Last) PHILLIPS

4. DATE OF DEATH: (Month) 6 (Day) 27 (Year) 55 19

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE | 8. DATE OF BIRTH: 12/6/1909 | 9. AGE last birthday 45 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman | 10B. KIND OF BUSINESS OR INDUSTRY: N. Hess Sons | 11. BIRTHPLACE (State or foreign country): Pa | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALFORD E. PHILLIPS

14. MOTHER'S MAIDEN NAME: SHEPPARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Mildred Flohr

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 431X (A) SUB-ACUTE MYOCARDITIS. — INTERVAL BETWEEN ONSET AND DEATH: 1-2 MONTHS

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 0 M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on JUNE, 15, 1955, and that death occurred at 1:35 P.M., from the causes and on the date stated above.

SIGNATURE Lloyd L. Simon M. D. | ADDRESS CATONSVILLE MD | DATE SIGNED JUNE, 28, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 6/30/55 | NAME OF CEMETERY OR CREMATORY MEADOWRIDGE | LOCATION (City, town, or county) (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-30-55 | REGISTRAR'S SIGNATURE Victor E. Harris BW Lawrence | 24. FUNERAL DIRECTOR Mc Nabb & Son | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05376

5377

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville; LENGTH OF STAY (in this place) 3 1/2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY 3X01-4; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Md; STREET ADDRESS (If rural give location) 426 Gresham Ave

3. NAME OF DECEASED: (Type or Print) (First) Hettie (Middle) A. C. (Last) Rumbley

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 1 1857

9. AGE last birthday 98 yrs. IF UNDER 1 YEAR Months 5 Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Owens

14. MOTHER'S MAIDEN NAME: Esther Austin Hiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 4221 (A) Arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH about 3 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cardio Vascular Disease DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. , 1953 to June 2, 1955 that I last saw the deceased alive on June 2 , 1955, and that death occurred at 5-20 PM, from the causes and on the date stated above.

SIGNATURE Walter F. Rees M. D. ADDRESS Cockeysville Md DATE SIGNED 6/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF June 6/55 NAME OF CEMETERY OR CREMATORY Greenmount Cemetery LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR June 6, 1955 REGISTRAR'S SIGNATURE L. M. Schroeder

24. FUNERAL DIRECTOR Wm. Cook, S. Paul & Preston Sts ADDRESS

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5377

5378

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 83 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie 02X-2
STREET ADDRESS (If rural give location) 528 Monroe Circle

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) E. (Last) REMLEIN

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1/3/17
9. AGE last birthday: 38 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10B. KIND OF BUSINESS OR INDUSTRY: Wholesale Grocery
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sebastian Remlein
14. MOTHER'S MAIDEN NAME: Fannie May Jordan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 219-05-4876
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

411X

IMMEDIATE CAUSE (A) STENOSIS OF AORTIC VALVE AND MITRAL INSUFFICIENCY — INTERVAL BETWEEN ONSET AND DEATH: 2 YEARS

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (C) CHRONIC RHEUMATIC ENDOCARDITIS — UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from April 4, 1955, to June 26, 1955, that I last saw the deceased alive on [illegible] and that death occurred at 5:03 AM, from the causes and on the date stated above.

SIGNATURE William B. Vandegrift ADDRESS M.D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 6-27-55

WILLIAM B. VANDEGRIFT, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: JUNE 29, 1955
NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6/28/55
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR ADDRESS: Wm. Cook-Blight, Inc. 6009 Harford Rd. Baltimore 14, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05378

5379

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lutherville
LENGTH OF STAY (in this place)
90 HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
3V01.4
STREET ADDRESS (If rural give location) 3501 St. Paul St. ✓

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) P. (Last) RHODES

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 19 55

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: May 1, 1891
9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ass't.Genl.Agt.
10B. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): N. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Simeon Rhodes
14. MOTHER'S MAIDEN NAME: Eugenia Snell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-03-3561
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157 X IMMEDIATE CAUSE (A) Carcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized Arteriosclerosis, Severe — years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1954, to June 19, 1955, that I last saw the deceased alive on June 15, 1955, and that death occurred at 6:45 A M, from the causes and on the date stated above.

SIGNATURE J. Frank Snyder, III M. D. ADDRESS 1014 St Paul St - 2 DATE SIGNED 6/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/21/55
NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.
LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR 6-21-55
REGISTRAR'S SIGNATURE A. W. Hedrick Deputy
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Reisterstown Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

05379

5276

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (In this place) 53
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7900 DUNDALK Road 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3 YO 1-4
STREET ADDRESS (If rural, give location) 4217 SHELDON AVE

3. NAME OF DECEASED (Type or Print): (First) RUSSELL (Middle) J. (Last) RILEY, SR.

4. DATE OF DEATH: (Month) JUNE (Day) 22 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JAN 12. 1899

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: AUTOMOBILES

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM RILEY

14. MOTHER'S MAIDEN NAME: LOTTIE ERHARDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.: 216-09-8410

17. INFORMANT AND ADDRESS: MRS. HELEN RILEY 4217 SHELDON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — Interval between onset and death: 10 Min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis, Chronic —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. Dundalk-W. Md. 6/22/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: JUNE 27, 1955 — NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL — LOCATION (City, town, or county): BALTIMORE (State): MD

DATE REC'D BY LOCAL REG.: 6-24-55 — REGISTRAR'S SIGNATURE: R. W. Hedrick — 24. FUNERAL DIRECTOR: ULRICH FUNERAL HOME — ADDRESS: 4210 BELAIR

R.S.

3 TOWNSHIP

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05380

5380

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stevenson
LENGTH OF STAY (in this place) 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Valley Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stevenson
STREET ADDRESS (If rural give location) Valley Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) WILBUR WASHINGTON RINEHEART

4. DATE OF DEATH: (Month) (Day) (Year) June 10, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 2/22/1887
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm hand Gen. Farming
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick Co.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jessie P. Rineheart
14. MOTHER'S MAIDEN NAME: Clara Brengle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-32-1048A
17. INFORMANT & ADDRESS: Mrs. Hattie V. Rineheart Stevenson, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X IMMEDIATE CAUSE (A) Metastatic Ca. of Liver — INTERVAL BETWEEN ONSET AND DEATH: 3 mons

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Ca. of Stomach — 8 mons

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONOITION CAUSING DEATH.

19A. DATE OF OPERATION: Dec. 1954
19B. MAJOR FINDINGS OF OPERATION: Ca. of Stomach
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE OIO INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW OIO INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ....., 1954, to June 10th, 1955, that I last saw the deceased alive on June 10th, 1955 and that death occurred at 1:30 P. M, from the causes and on the date stated above.
SIGNATURE James A. Miller M.D. ADDRESS Ellicott City, Md. DATE SIGNED 6/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/13/55
NAME OF CEMETERY OR CREMATORY Linthicum Chapel
LOCATION (City, town, or county) (State) Clarksville, Md.

DATE REC'D BY LOCAL REGISTRAR June 11, 1955
REGISTRAR'S SIGNATURE Dorothy A. Newell
24. FUNERAL DIRECTOR Easton Sons
ADDRESS Catonsville, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

05381

5282

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe 51	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe 51
LENGTH OF STAY (in this place) 19 Yrs.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5627 Ashbourne Road 00	STREET ADDRESS (If rural, give location) 5627 Ashbourne Road 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Byron	Remond	Risley	June 28, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Jan. 8, 1896	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Letter Carrier	U.S. Govt.	N.J.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Byron J. Risley	Louise Sooy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes W.W.I	216-32-3782	Mrs. Etta Risley 5627 Ashbourne Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

Immediate cause (a) Bronchogenic Carcinoma Left Lung, 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis — 5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
0		

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec., 1954, to June, 1955, that I last saw the deceased alive on June 27, 1955, and that death occurred at 1:33 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J Bradley Daugharthy	M D	1264 Francis Ave Baltimore 27	Md 6-28-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-30-1955	Lorraine Park	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-29-55	A.W. Redmond	G. Howard Strong	3207 W. North Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05382

CERTIFICATE OF DEATH

5381 Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 40 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01.4
STREET ADDRESS (If rural give location) 2409 Montebello Terrace

3. NAME OF DECEASED: (Type or Print) (First) BENJAMIN (Middle) (Last) ROBERTS

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 3/15/95

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10B. KIND OF BUSINESS OR INDUSTRY: Store

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Roberts

14. MOTHER'S MAIDEN NAME: Hester Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 218-09-8508

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) CARCINOMA UPPER LOBE RIGHT LUNG;

ANTECEDENT CAUSE (S) METASTASIS TO LEFT OCCIPITAL LOBE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work [ ] Not while at work [ ] | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, , 1955, to June 15, , 1955, [illegible] and that death occurred at 8:10 PM, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS DATE SIGNED

WILLIAM B. VANDEGRIFT, M.D. M. D. VAH, FORT HOWARD, MD. 6-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF June 20, 1955 | NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL | LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 6-17-55 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR ADDRESS Arlington S. Phillips Funeral Home Baltimore 17, Md. 1808 N.Monroe St.

115383

MARYLAND STATE DEPARTMENT OF HEALTH

5382

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
LENGTH OF STAY (in this place): 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5512 Kenwood Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
STREET ADDRESS (If rural, give location): 5512 Kenwood Avenue

3. NAME OF DECEASED (Type or Print): (First) CORA M. (Middle) (Last) RODGERS

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	single	Mar. 9, 1883	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress	Glenn L. Martin Co.	Mass.	USA

13. FATHER'S NAME: William Rodgers

14. MOTHER'S MAIDEN NAME: Amelia Shaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	216-18-0003	Mrs. Emma Ulrich, 5512 Kenwood Ave., Balto. 6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1

Immediate cause (a) Sarcoma, right thigh — Interval between onset and death: 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 22, 1955, to June 29, 1955, that I last saw the deceased alive on June 29, 1955, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Adam G. Lewis, M.D.		6232 Belair Rd. Balto. 6, Md.	June 30, 1955

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	6/2/55	Loudon Park Cemetery	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 1, 1955	Mrs. M. P. Reynolds	Kassabaum Funeral Home	7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05384

5383

CERTIFICATE OF DEATH

Reg. Dist. No. 36

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Paradise Nursing Home Paradise and Altamont Aves.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 52
STREET ADDRESS (If rural give location) 1 12 S. Prospect Ave.

3. NAME OF DECEASED: (Type or Print) (First) DIANA (Middle) VIOLA (Last) ROGGE

4. DATE OF DEATH: (Month) June (Day) 30, (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced

8. DATE OF BIRTH: June 2, 1889

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk - rtd

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Vietsch

14. MOTHER'S MAIDEN NAME: Martha Paxton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Sadie Nimmo - 12 S. Prospect Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

181X
IMMEDIATE CAUSE (A) Uremia — 5-6 days
ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C) Carcinoma bladder & metastisis — 10 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1 1947
19B. MAJOR FINDINGS OF OPERATION: Carcinoma bladder
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-27, 1955, to 6-30, 1955, that I last saw the deceased alive on 6-29, 1955, and that death occurred at 7:30 P M. from the causes and on the date stated above.

SIGNATURE Stephen Leo Maguire M. D. ADDRESS Catonsville Md DATE SIGNED 7-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 7/4/55
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 7-5-55
REGISTRAR'S SIGNATURE H. W. Hedges Asst.
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05385

5384

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Whitehall
LENGTH OF STAY (in this place) 89
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ensor Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-White Hall
STREET ADDRESS (If rural give location) Ensor Rd.

3. NAME OF DECEASED: (First) Harry (Middle) (Last) Rosier.

4. DATE OF DEATH: (Month) June (Day) 2, (Year) 1955.

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH: May 10, 1866 | 9. AGE last birthday 89 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Own Farm.
11. BIRTHPLACE (State or foreign country): White Hall, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown.
14. MOTHER'S MAIDEN NAME: Sallie Rosier.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: James Almony, White Hall, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 IMMEDIATE CAUSE (A) Cardio-Vascular disease

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1955, to June 2, 1955, that I last saw the deceased alive on June 1, 1955, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

SIGNATURE A. M. France M.D. ADDRESS Parkton, Md DATE SIGNED 6/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF June 4/1955
NAME OF CEMETERY OR CREMATORY Stablersville Cemetery
LOCATION (City, town, or county) (State) Parkton, Balto. Co., Md.

DATE REC'D BY LOCAL REGISTRAR 6/4/55
REGISTRAR'S SIGNATURE Theresa G. Preston
24. FUNERAL DIRECTOR Jacob Hartenstein
ADDRESS New Freedom, Pa.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

5385 **MARYLAND STATE DEPARTMENT OF HEALTH** 05386

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton.
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 478 A. Ridge Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural, give location) 478 A. Ridge Rd

3. NAME OF DECEASED (Type or Print): (First) Carville (Middle) A. (Last) Royahn.

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1955

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 31st 1955

9. AGE last birthday: 2 Weeks

If under 1 year: Months; Days 14

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto City md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Anthony C Royahn

14. MOTHER'S MAIDEN NAME: Betty D Englemyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr Anthony C. Royahn 478 A. Ridge Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congenital heart disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Probable transposition of aorta & transfusion	2 weeks
	(c)	

754.4

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31st, 1955, to May 9th, 1955, that I last saw the deceased alive on May 9th, 1955, and that death occurred at 2.30 am m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Anthony Perlman 1109 St Paul Street, Balto 2 - 6/13/1955

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: 6/14/55

NAME OF CEMETERY OR CREMATORY: Parkwood Cem

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: June 14, 1955

REGISTRAR'S SIGNATURE: M. McHenry

24. FUNERAL DIRECTOR ADDRESS: Funeralia Funeral Home 7401 Belair Rd

2055282413

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Perlman
1109 St Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05387

5386

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 55
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 Mercy Villa - Bellona Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 3401-4
STREET ADDRESS (If rural, give location): 106 W. University Pky.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Annie B. Ryan	June 5 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	white	single	May 16, 1871	84 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
retired	School Teacher	Baltimore, Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert S. Ryan	Annie Boswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
9		Robert B. Gould 1118 Stevenson Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Infarction — 4 Days
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED: While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Oct., 1950, to June 6, 1955, that I last saw the deceased alive on June 3, 1955, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Emmett Sheen M.D.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 7, 1955	Green Mount	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-7-55	Robt. Stedman Jr.	John O. Mitchell & Sons Inc.	1900 Eutaw Place

5277

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 05388

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) 32 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 824 S. 50TH ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dundalk, Md.
STREET ADDRESS (If rural, give location) 824 S. 50 St.

3. NAME OF DECEASED: (First) JOSEPH (Middle) — (Last) SACCHETTI
4. DATE OF DEATH (Month) June (Day) 28, (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 5-22-1902
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): ROLLER
10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR
11. BIRTHPLACE (State or foreign country): ITALY
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ANGELO SACCHETTI
14. MOTHER'S MAIDEN NAME: (UNKOWN)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 213-07-5715
17. INFORMANT & ADDRESS: RUDOLPH A. SACCHETTI — 1703 BETHLEHEM AVE DUNDALK 22, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

9777
Immediate cause (a) Exsanguination
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Multiple self inflicted wounds of wrists and head
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —
19b. MAJOR FINDING OF OPERATION: —
20. AUTOPSY? Yes [X] No [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [X] or CONTRIBUTING [ ] CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY yard
21c. (City or town) Dundalk (County) Baltimore (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) 6/28/55 (Hour) M.
21e. INJURY OCCURRED While at work [ ] Not while at work [X]
21f. HOW DID INJURY OCCUR? Cut wrists and head

22. I hereby certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ], and find that death resulted from: Natural causes [ ], Accident [ ], Suicide [X], Homicide [ ], Undetermined cause [ ].

SIGNATURE B.K. Fisher M. D.
CHIEF MEDICAL EXAMINER [X]
DEPUTY MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAM. [ ]
DATE SIGNED 6/29/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 7-1-1955
NAME OF CEMETERY OR CREMATORY OAK LAWN
LOCATION (City, town, or county) (State) BALTO. Co., Md.

DATE REC'D BY LOCAL REG. June 30-1955
REGISTRAR'S SIGNATURE William M Kelly
24. FUNERAL DIRECTOR ADDRESS Walter Bruce Bradley, Funeral Home, Dundalk, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05389

5278 CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK 22
LENGTH OF STAY (in this place): 4 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 824 50TH STREET

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: SAME — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: AS #1
STREET ADDRESS (If rural give location): 53 1

3. NAME OF DECEASED: (Type or Print) (First) OLGA (Middle) VIRGINIA (Last) SACCHETTI

4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 18, 1909

9. AGE last birthday: 45 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): NORTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DOMONIC PERSICHTIN

14. MOTHER'S MAIDEN NAME: CELIDE ROSSI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 212-22-1391

17. INFORMANT & ADDRESS: JOSEPH SACCHETTI - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

581.0 **Immediate cause** (a) CIRRHOSIS OF THE LIVER — 12 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from November, 1951, to June 9, 1955, that I last saw the deceased alive on May, 1955, and that death occurred at 1 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Stephen C. Macdonald M D — ADDRESS: 6714 Holabird Ave — DATE SIGNED: 6/10/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — **DATE THEREOF:** 6-13-55 — **NAME OF CEMETERY OR CREMATORY:** ST. STANISLAUS — **LOCATION** (City, town, or county) (State): BALTO. MD.

DATE REC'D BY LOCAL REGISTRAR: June 10-1955 — **REGISTRAR'S SIGNATURE:** William M Kelly

24. FUNERAL DIRECTOR — **ADDRESS:** Walter Brooke Bradley, Dundalk, Md.

VS. A15

5283

05390 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Halethorpe 51
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4601 Rehbaum Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Halethorpe 51
STREET ADDRESS 4601 Rehbaum Ave (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) Cecelia (Last) Schaefer

4. DATE OF DEATH (Month) June (Day) 16 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 3 1892

9. AGE Last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Beautician

10b. KIND OF BUSINESS OR INDUSTRY: Beauty Shop

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John G Schaefer

14. MOTHER'S MAIDEN NAME: Katie C O'Neil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Katherine M Schwelgervon

18. MEDICAL CERTIFICATION 3826 Wash Blvd

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 977X

		Interval Between Onset and Death
Immediate cause	(a) Self inflicted wound by	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cutting her throat with razor blade	
	DUE TO (c) Suicide	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 8

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE Leo M. Kieffer M. D. 1010 Leeds Ave

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED June 16 55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 20 55	Meadowridge Mem Park	Elkridge Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 17 55	Leo M. Kieffer	George L Schmidt	210 Frederick Ave

05391

MARYLAND 5387

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6700 Canongate Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 6700 Canongate Road

3. NAME OF DECEASED (Type or Print): (First) Mr. (Middle) George Henri (Last) Schmidt

4. DATE OF DEATH: (Month) June (Day) 5th (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 6, 1895

9. AGE last birthday: 60 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Teacher

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. George J. Schmidt

14. MOTHER'S MAIDEN NAME: Ida Schultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I & 2

16. SOCIAL SECURITY NO.: 217-18-6647

17. INFORMANT AND ADDRESS: Mrs. Mildred R. Schmidt, 6700 Canongate Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory failure — 356.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Amyotrophic lateral Sclerosis — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Apr., 1955, to 5 June, 1955, that I last saw the deceased alive on 4 June, 1955, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Lewis Hamberger Jr. M.D. — ADDRESS: 1207 Eutaw St Baltimore 17 — DATE SIGNED: 6 June '55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: June 8, 1955 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6/6/55 — REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

S

Dr. Hamberger
1207 Eutaw Place
LA 3 9802
MA 3 0178

2 30 TO 4

5388

05392 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 43

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Fullerton Balto, Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4225 Darleigh Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY 3V01-4
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 24
STREET ADDRESS (If rural, give location) 121 N. Ellwood ave

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) V.M.? (Last) Schneider
4. DATE OF DEATH (Month) June (Day) 11 (Year) 1955
5. SEX: Fem
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow
8. DATE OF BIRTH: June 6/1891
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Frederick Borkman
14. MOTHER'S MAIDEN NAME: Elizabeth ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH Short time
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Card. Vas. Heart Disease — Several years
DUE TO
(c)
420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 11 55 7:30 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE McCarmine M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☐ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/15/55	Glen Haven Memorial Park	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-13-55	Mrs. Frederick	John A. Moran	3000 E. Balto St.

Mrs for H.L.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

5389

Item 18 Film G182 6-22-55 ams

Item 7, Film 182 6-13-55 et

05393

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN SPARROWS-POINT — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS BETHLEHEM-STEEL INFIRMARY

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Baltimore

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Baltimore 22

STREET ADDRESS (If rural, give location) 7611 S. Bend Road

53 1

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	KARL	B.	SCHULTZ		6	6	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug 11, 1925	29 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
TRUCK-DRIVER	OIL-BUSINESS	BALTO, MD.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
KARL SCHULTZ	GERCZAK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
1			RUTH SCHULTZ (SAME)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Arteriosclerotic cardiovascular disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO		
	(c) DUE TO		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
2		Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. Mehn M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 10, 1955	BALTO-NATIONAL	BALTO, MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-7-55	Dr. Hedrick	John J. Connelly	Essex, Md.

VS-A15A-5-53

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16

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05394

5390 CERTIFICATE OF DEATH Reg. Dist. No. XX

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 312 W. CAMDEN STREET

3. NAME OF DECEASED: (First) CHARLES (Middle) E. (Last) SCULLEY

4. DATE OF DEATH: (Month) JUNE (Day) 9 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): DIVORCED
8. DATE OF BIRTH: 9/26/88
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: SHIP YARD
11. BIRTHPLACE (State or foreign country): CENTREVILLE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN SCULLEY
14. MOTHER'S MAIDEN NAME: ELIZABETH NICKERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X

IMMEDIATE CAUSE (A) CEREBRAL THROMBOSIS — UNKNOWN

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO X

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA X attended the deceased from June 2, 1955, to June 9, 1955, XXXXXXXXXXXXXXXXXX and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE F. G. Dickey
FRANCIS G. DICKEY, Chief, Medical Service M. D.
ADDRESS VAH, FORT HOWARD, MD.
DATE SIGNED 6/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF JUNE 14, 1955
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 6-13-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR AND ADDRESS WM. COOK - BLIGHT FUNERAL HOME 6009 Harford Rd. Baltimore, Md.

VS A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND 5391

05395

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 36 years
HOSPITAL OR INSTITUTION, OR STREET ADDRESS 42 Westminster Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown X
STREET ADDRESS (If rural, give location) 42 Westminster Road

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) EVERETT (Last) SHAMBERGER
4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 10, 1876
9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hr: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas M. Shamberger
14. MOTHER'S MAIDEN NAME: Lucinda Cost

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Arthur E. Shamberger, Reisterstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1 Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 24 hours

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Congestive Heart Failure — 24 hours
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7 1955, 19..., to June 8, 1955, that I last saw the deceased alive on June 7, 1955, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Clarence E. McWilliams M.D. Reisterstown Maryland June 8 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: June 11/55
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 6-10-55
REGISTRAR'S SIGNATURE: Mary B. Eline
24. FUNERAL DIRECTOR ADDRESS: J.F.Eline & Sons, Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05396

5392 CERTIFICATE OF DEATH Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Roldrew Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood
STREET ADDRESS (If rural give location) Roldrew Ave.

3. NAME OF DECEASED: (Type or Print) (First) MAMIE (Middle) VIRGINIA (Last) SHARRER

4. DATE OF DEATH: (Month) June (Day) 12, (Year) 1955

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 21, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George L. Roller

14. MOTHER'S MAIDEN NAME: Sydney Ann Roller (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Family Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) congestive heart failure, chronic — Interval Between Onset And Death: same 3 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) arteriosclerotic heart disease — more than 10 years

DUE TO (c) generalized arteriosclerosis — more than 10 years

420.0

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4, 1955, to June 12, 1955, that I last saw the deceased alive on June 12, 1955, and that death occurred at 6:20 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John R. Rowden M. D. Lutherville, Md. June 13, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 15 1955

NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.

LOCATION (City, town, or county) (State) Pikesville Md.

DATE REC'D BY LOCAL REGISTRAR June 14, 1955

REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR John Burns' Sons Towson, Md

ADDRESS

5393

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05397

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville — LENGTH OF STAY (In this place) 39 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8008 Harford Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 8008 Harford Rd

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) Shaw

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov 3 1872

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Theodore Heisner

14. MOTHER'S MAIDEN NAME: Rebecca

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Frank P Heinsman 417 Foyts Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4290

Immediate cause (a) Myocardial infarction — Interval between onset and death: 10 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary artery disease — 5 years

(c) Hypertensive arteriosclerotic heart dis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1955, to June 27, 1955, that I last saw the deceased alive on June 27 1955, and that death occurred at 1:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Metzger MD — ADDRESS 5716 Beech Dale Ave — DATE SIGNED June 27, 1955

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 6/30/55 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Balto MD

DATE REC'D BY LOCAL REG. 6/28/55 — REGISTRAR'S SIGNATURE: C. M. Bacon.

24. FUNERAL DIRECTOR — ADDRESS: Charles H Crane & Son, 8802 Harford Rd

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05398

5394

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ellicott City
LENGTH OF STAY (in this place) 87 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS River Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ellicott City
STREET ADDRESS (If rural give location) River Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) MARY ANN SHECKELLS

4. DATE OF DEATH: (Month) (Day) (Year) June 22 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 7-24-1867
9. AGE last birthday: 87 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholas Laumann
14. MOTHER'S MAIDEN NAME: Susan A. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Miss Sue A. Laumann Ellicott City, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2

IMMEDIATE CAUSE (A) CHRONIC MYOCERDITIS (NEUROVASCULAR) 10 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 0
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) D M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 55 to 6/22 ....., 19 55 that I last saw the deceased alive on 6/14, 1955, and that death occurred at 1:10 P M, from the causes and on the date stated above.

SIGNATURE L. Floyd Johnson M. D. ADDRESS Catonsville DATE SIGNED 6/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-25-55
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 6-24-55
REGISTRAR'S SIGNATURE D W Laumann
24. FUNERAL DIRECTOR Easton Sons ADDRESS Catonsville, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05399

5284 **CERTIFICATE OF DEATH** Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HALETHORPE
LENGTH OF STAY (in this place) 25 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1815 MAYFIELD AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HALETHORPE
STREET ADDRESS (If rural give location) 1815 MAYFIELD AVE.

3. NAME OF DECEASED: (First) WILLIAM (Middle) N. (Last) SIEVERT

4. DATE OF DEATH: (Month) JUNE (Day) 25 (Year) 1955

5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED | 8. DATE OF BIRTH: SEPT. 7, 1874 | 9. AGE last birthday: 80 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRINTER
10B. KIND OF BUSINESS OR INDUSTRY: SUN PAPER
11. BIRTHPLACE (State or foreign country): MARYLAND.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HANS NICKOLAS SIEVERT
14. MOTHER'S MAIDEN NAME: GERTRUDE DOROTHER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-03-2417
17. INFORMANT & ADDRESS: MARY SIEVERT 1815 MAYFIELD AVE.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
334X IMMEDIATE CAUSE	(A) Cerebral arterio Sclerosis - & dementia	5 Years
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Inability to Swallow -	
	DUE TO (C) dehydration	3 or 4 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..., to June 25, 19..., that I last saw the deceased alive on June 24, 19..., and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE Federick V. Bartlett M.D. ADDRESS 1111 Francis Ave - Belle - 27 - Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF JUNE 28/1955 | NAME OF CEMETERY OR CREMATORY LOUDON PARK | LOCATION (City, town, or county) BALTIMORE, MARYLAND (State)

DATE REC'D BY LOCAL REGISTRAR 6-27-55 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Joseph T. Lumbrazo Jr. | ADDRESS 1325 Eastern Ave. Balto.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5395

05400

Reg. Dist. No. .....

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Parkville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9646 Dixon Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural give location): 9646 Dixon Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mr. (Middle) Joseph (Last) Charles Simpson Sr

4. DATE OF DEATH: (Month) June (Day) 13th (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married	Jan. 14, 1893	62 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Harford Co. Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Simpson	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	215-07-3134	Mrs. Margaret M. Simpson, 9646 Dixon Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Acute coronary occlusion — 24 hours
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
260 X (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus — Many years

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1955, to June 13, 1955, that I last saw the deceased alive on June 12, 1955, and that death occurred at 1:30 P M, from the causes and on the date stated above.

SIGNATURE: Elliott Harris — ADDRESS: M. D. 8109 Harford Rd. — DATE SIGNED: June 14 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 16, 1955	Moreland Memorial Park	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-15-55	Alex. Hardman	Leonard J. Ruck,	5305 Harford Road #14

VS. A15 — 10-53

Dr. Harris
8100 Harford Road

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05401

5396

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore, 22 53 1
STREET ADDRESS (If rural give location) 7531 Westfield Road

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) (NMI) (Last) SMITH

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 10/27/72

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward

14. MOTHER'S MAIDEN NAME: Ellen MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) OW

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp, Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

IMMEDIATE CAUSE (A) Carcinoma Of the Prostate with Generalized Metastasis

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1955, to June 19, 19 55 that I last saw the deceased alive on [redacted] 19[redacted] and that death occurred at VA M. from the causes and on the date stated above.

SIGNATURE C.B. COPE, M.D.
ADDRESS VAH, Fort Howard, Md.
DATE SIGNED 6/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF JUNE 22, 1955
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 6-21-55
REGISTRAR'S SIGNATURE A. W. Kedrick R.S.
24. FUNERAL DIRECTOR ADDRESS Wm.Cook-Blight Funeral Home 6009 Harford Rd. Baltimore, Md.

05402

3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 16, FilmG184 7-14-55 et

CERTIFICATE OF DEATH

5397

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FORT HOWARD
LENGTH OF STAY (in this place) 13 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 3V01-4
STREET ADDRESS (If rural give location) 436 NORTH PULASKI STREET

3. NAME OF DECEASED: (Type or Print) (First) OLIVER (Middle) (Last) SMULLEN

4. DATE OF DEATH: (Month) JUNE (Day) 21 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED: MARRIED

8. DATE OF BIRTH: 11-18-93

9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LATHER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WICOMICO COUNTY, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: FRANK SMULLEN

14. MOTHER'S MAIDEN NAME: ELLENORA RICHARDSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 213-12-8511 UNKNOWN

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 1 DAY

ANTECEDENT CAUSE (S) DUE TO ARTERIOSCLEROTIC CORONARY THROMBOSIS — 1 DAY

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO ARTERIOSCLEROTIC HEART DISEASE — UNKNOWN

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO X

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from JUNE 20, 1955, 11:30 AM to JUNE 21, 19 55 12:30 AM and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE & ADDRESS: IRVING FREEMAN, M.D. / Acting Chief, Medical Service M. D. VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 6-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: 6/24/55 — NAME OF CEMETERY OR CREMATORY: PARSONS CEMETERY — LOCATION (City, town, or county) (State): SALISBURY, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 6.23.55 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR AND ADDRESS: RUSSELL G. THOMAS FUNERAL HOME 1512 HOLLINS STREET, BALTIMORE, MARYLAND

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4204 Leeds
29

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05403

5398

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cockeysville Md; LENGTH OF STAY (in this place) 9 yrs 9 Month; HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4; STREET ADDRESS (If rural give location) 3621 Belvedere Ave

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Ezra (Last) Snider

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married

8. DATE OF BIRTH: Sept. 12-1867

9. AGE last birthday 87 yrs. IF UNDER 1 YEAR: Months 9 Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Western Md. Dairy

11. BIRTHPLACE (State or foreign country): Westminster Carroll Co

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Welmon

14. MOTHER'S MAIDEN NAME: Rebecca Blackstone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cardia Vascular Disease — ?

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ..., 19 47, to June 4, 1955, that I last saw the deceased alive on June 3, 1955, and that death occurred at 3 P. M. from the causes and on the date stated above.

SIGNATURE Walter J. Rees M. D. ADDRESS Cockeysville Md DATE SIGNED 6/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 6/7/55 | NAME OF CEMETERY OR CREMATORY Lorraine Cemetery | LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR June 7, 1955 | REGISTRAR'S SIGNATURE Laura M. Schroeder | 24. FUNERAL DIRECTOR Wm. Cook, St. Paul & Preston St | ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5399

05404

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY 16 Fusting Ave MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Baltimore | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nursing Home Ten Hours in the Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY 3 V 01-4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 1520 N. Broadway

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) B. (Last) Steen
4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	May 19, 1891	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Private Home	Baltimore Co. Md.	U.S.A.

13. FATHER'S NAME: John H. Upman
14. MOTHER'S MAIDEN NAME: Anna S. Begold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	none	Mrs Ryna A. Voigt Catonsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Decompensation	4 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Cardio-Vascular-Renal Disease	10 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-28, 1955, to 6-2, 1955, that I last saw the deceased alive on 6-2, 1955, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wilson K. Gallogly	M.D.	6209 Frederick Rd. - 28, Md.	6-2-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 6, 1955	New Cathedral Cemetery	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-3-55	C W Herbert	Elmer W. Conklin	924 E. Eager St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05405

5400 CERTIFICATE OF DEATH Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Mt. Wilson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 02 Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeland 3Y01-4
STREET ADDRESS (If rural give location) 2519 Smith Avenue

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) A. (Last) STEINBACHER

4. DATE OF DEATH: (Month) June (Day) 9, (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 25, 1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintainance Man

10B. KIND OF BUSINESS OR INDUSTRY: Md. Glass Corp.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Julius Steinbacher

14. MOTHER'S MAIDEN NAME: Amelia Janusch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Bertha Steinbacher, 3220 Hollins Ferry Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

IMMEDIATE CAUSE (A) Far Advanced Pulmonary Tuberculosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1954 to June 9, 1955, that I last saw the deceased alive on June 9, 1955, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

SIGNATURE William Newsome M. D. ADDRESS DATE SIGNED June 9, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

DATE THEREOF 6/13/55

NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Park Cemetery

LOCATION (City, town, or county) (State) Dorsey, Maryland

DATE REC'D BY LOCAL REGISTRAR 6-10-55

REGISTRAR'S SIGNATURE A. J. Redyck Deputy

24. FUNERAL DIRECTOR Wm. Cook, Inc.

ADDRESS 1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

05406

5401

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 V 01-4
STREET ADDRESS (If rural, give location) 507 N. Ellwood Ave

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) Amanda (Last) Streb
4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 2-6-79
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Peter Tilman
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: George Streb 15 N. Hilton St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
Immediate cause (a) Cerebral hemorrhage — 5 days

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) arterio-sclerosis — 3 1/2 yrs.
(c) Paralysis Agitans (Parkinsons) — 3 1/2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20, 1955, to June 3, 1955, that I last saw the deceased alive on June 3, 1955, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R.M. Heming M.D. — ADDRESS: 203 Mylander Ave Rutco 28 — DATE SIGNED: 6/4/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6-6-55 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 6-4-55 — REGISTRAR'S SIGNATURE: V.E. Harry

24. FUNERAL DIRECTOR — ADDRESS: George L. Schwab, Baltimore, Md.

MARYLAND

54-92

05407

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville, Md.
LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Md.
STREET ADDRESS (If rural, give location) 105 S. Catherine St. 23

3. NAME OF DECEASED (Type or Print) (First) MARIA (Middle) (Last) Stuhler

4. DATE OF DEATH (Month) June (Day) 5 (Year) 1955

5. SEX Female

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH Feb 24 1877

9. AGE last birthday 78 yrs. If under 1 year: Months. Days. If under 24 hr: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HW

10b. KIND OF BUSINESS OR INDUSTRY AT-HOME

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME UNKNOWN

14. MOTHER'S MAIDEN NAME NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No —

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS Frederick Stuhler - Phoenix, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Arteriosclerotic cardio vascular disease — Interval Between Onset and Death: years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION unknown

19b. MAJOR FINDINGS OF OPERATION probably Malignant bilateral radical mastectomy (years ago)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 23, 1954, to June 5, 1955, that I last saw the deceased alive on June 4, 1955, and that death occurred at 9:05a m., from the causes and on the date stated above.

SIGNATURE Elizabeth Bothwell (Degree or title) M.D. ADDRESS Cockeysville, Md. DATE SIGNED 6/5/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE June 8 55 NAME OF CEMETERY OR CREMATORY Holy Redeemer LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 6-7-55 REGISTRAR'S SIGNATURE H.W. Hedrick

24. FUNERAL DIRECTOR C.B. Wisheart ADDRESS 1300 Eutaw Pl-17

MARGIN RESERVED FOR BINDING

5403

05498

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oella
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6 Spring St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oella
STREET ADDRESS (If rural, give location): 6 Spring St.

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) PEARL (Last) TAYLOR

4. DATE OF DEATH: (Month) 6-13-55 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 4-29-1912

9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oakland, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harold Leon Jackson

14. MOTHER'S MAIDEN NAME: Anna May Triplett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 213-09-6068

17. INFORMANT AND ADDRESS: H.R. Taylor, Oella, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	Acute
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential Hypertension	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 55, to June 13, 19 55, that I last saw the deceased alive on June 13, 19 55, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE: F. A. Kahmann MD (Degree or title) ADDRESS: Ellicott City Md DATE SIGNED: 6/15/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6-17-1955 — NAME OF CEMETERY OR CREMATORY: Good Shepherd — LOCATION (City, town, or county) (State): Ellicott City, Md

DATE REC'D BY LOCAL REG.: 6/16/55 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR — ADDRESS: F.C. Higinbothom, Ellicott City, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5404

CERTIFICATE OF DEATH

Reg. Dist. No. 05409

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 25 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01.4
STREET ADDRESS (If rural give location) 1343 Hull Street ✓

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) B. (Last) THOMAS

4. DATE OF DEATH: (Month) June (Day) 17, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10/3/86

9. AGE last birthday: 68 Years
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grain Trimmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Swansea, Wales

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Daniel Thomas

14. MOTHER'S MAIDEN NAME: Sara Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1937
IMMEDIATE CAUSE (A) THROMBOSIS OF RT. ILIAC & FEMORAL VEINS & PERI-PROSTATIC VEINS;MULTIPLE PUL.

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) EMBOLI WITH INFARCTS & PNEUMONIA — UNKNOWN

DUE TO (C) GLIOSIS OF DENTATE AND INFERIOR OLIVARY OF NUCLEI OF THE BRAIN — UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23,, 1955 to June 17, 1955, that I last saw the deceased alive on [illegible] and that death occurred at 11:05 A.M., from the causes and on the date stated above.

SIGNATURE William B. Vandegrift
ADDRESS M. D. VAH, FORT HOWARD, MD.
DATE SIGNED 6/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: June 20,1955
NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery
LOCATION (City, town, or county) (State): Balto., Maryland

DATE REC'D BY LOCAL REGISTRAR: June 18 1955
REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: William Cook-Blight Inc.,Funeral Home
ADDRESS: 6009 Harford Rd.,Balto., 14, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05410

1 5405

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) White Hall; LENGTH OF STAY (in this place) 3 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Graystone Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) White Hall; STREET ADDRESS (If rural give location) Graystone Rd.

3. NAME OF DECEASED: (First) John (Middle) Vincent (Last) Thomas Sr.

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Aug. 8, 1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Dot Mfg.

11. BIRTHPLACE (State or foreign country): Pittsburgh Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-12-8717

17. INFORMANT & ADDRESS: John Thomas Jr. Whitehall Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

IMMEDIATE CAUSE (A) Cardio-Vascular disease

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 21, 1955, to June 2, 1955, that I last saw the deceased alive on June 1, 1955, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE R. M. France M.D. ADDRESS Parkton Md DATE SIGNED 6/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 6-4-55; NAME OF CEMETERY OR CREMATORY Stablersville Meth.; LOCATION (City, town, or county) Parkton, Md (State)

DATE REC'D BY LOCAL REGISTRAR 6/6/55; REGISTRAR'S SIGNATURE Mrs Howard S. Markline

24. FUNERAL DIRECTOR Brooks Funeral Service; ADDRESS Parkton, Md

J. Leo Brooks

5406

05411

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 10
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1209 Lake Falls Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Balto. 10
STREET ADDRESS (If rural, give location) 1209 Lake Falls Rd.

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) MAXWELL (Last) THOMAS

4. DATE OF DEATH (Month) June (Day) 27 (Year) 1955

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan 30 1902

9. AGE last birthday: 53 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Credit examiner

10b. KIND OF BUSINESS OR INDUSTRY: Bank.

11. BIRTHPLACE (State or foreign country): Spartanburg Co. S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thos. Evan Thomas

14. MOTHER'S MAIDEN NAME: Ida Morrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Lucy Thomas (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

9767

Immediate cause (a) Shot through head (Suicide) — Interval between onset and death: 10 min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mental Depression — 10 days.

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) 1209 Lake Falls **(County)** Balto. **(State)** Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY June 27 55 3:30 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Shot self through base of skull.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE K. L. Caples M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6-27-'55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF June 30, 1955

NAME OF CEMETERY OR CREMATORY Chatham

LOCATION (City, town, or county) Chatham, (State) VA.

DATE REC'D BY LOCAL REG. 6-28-55

REGISTRAR'S SIGNATURE Dan'l. Hedrick

24. FUNERAL DIRECTOR John O. Mitchell & Sons ADDRESS 1900 Eutaw Place

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05412

CERTIFICATE OF DEATH

Reg. Dist. No. 38

5497

Items 8+9: Film G183-6/22/55

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 419 Georgia Court

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.J. COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Summit 67X-3
STREET ADDRESS (Or rural give location) 86 Whittredge Road

3. NAME OF DECEASED: (Type or Print) (First) Ralph (Middle) Alexander (Last) Trego
4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1955

5. SEX: M. 6. COLOR OR RACE: W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated 8. DATE OF BIRTH: June 7, 1884 9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman 10B. KIND OF BUSINESS OR INDUSTRY: Calculating Mfg. 11. BIRTHPLACE (State or foreign country): Jamestown Ohio 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elmer Trego 14. MOTHER'S MAIDEN NAME: Rose January

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I 16. SOCIAL SECURITY NO. 058-05-8057 17. INFORMANT & ADDRESS: Mrs Maurine W Eaton 419 Georgia Court

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
332X IMMEDIATE CAUSE (A) Cerebral thrombosis
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized arteriosclerosis DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH: 7 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Gangrene, right leg

19A. DATE OF OPERATION: 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/16, 1954 to 6/20, 1955 that I last saw the deceased alive on 6/18, 1955, and that death occurred at 11:35 AM, from the causes and on the date stated above.
SIGNATURE AND M.D. Ladislaus C Sawinski ADDRESS 17 W. Penna. Ave Towson DATE SIGNED 6/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation DATE THEREOF June 22 55 NAME OF CEMETERY OR CREMATORY Greenmount LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR June 22, 1955 REGISTRAR'S SIGNATURE Mabel C. Gray 24. FUNERAL DIRECTOR AND ADDRESS John Burns Sons Towson 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05413

5498

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: BALTIMORE — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): FORT HOWARD
LENGTH OF STAY (in this place): 18 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BALTIMORE, rural
STREET ADDRESS (If rural give location): 2504 CUB HILL ROAD

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) M. (Last) TWELE

4. DATE OF DEATH: (Month) JUNE (Day) 16 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 1-11-95

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INSPECTOR

10B. KIND OF BUSINESS OR INDUSTRY: AIRCRAFT WORK

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: FREDERICK W. TWELE

14. MOTHER'S MAIDEN NAME: MARY A. FLAHERTY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 216-05-9163

17. INFORMANT & ADDRESS: CLIN.REC.,VET.ADM.HOPSITAL,FT.HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

IMMEDIATE CAUSE (A) LEFT CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 6-8-55 3

19B. MAJOR FINDINGS OF OPERATION: LEFT EXPLORATORY CRANIOTOMY AND TRACHEOSTOMY

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from MAY 29, 1955, to JUNE 16, 1955, [redacted] and that death occurred at 6:20 AM, from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT, M.D. — ADDRESS: M. D. VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 6-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: JUN. 18, 1955 — NAME OF CEMETERY OR CREMATORY: WAGH CHAPEL GREENWOOD CEMETERY — LOCATION (City, town, or county) (State): BALTIMORE COUNTY, MD.

DATE REC'D BY LOCAL REGISTRAR: June 20-55 — REGISTRAR'S SIGNATURE: Dawson L. Harbr

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons Funeral Home, 612 York Road, Baltimore 4, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

05414

2411 N. Charles Street, Baltimore

5285 **CERTIFICATE OF DEATH**

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place) 51
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1724 Selma ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe 51
STREET ADDRESS (If rural, give location) 1724 Selma ave

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Dietrich (Last) Vehstadt

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 21-1887

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Clerk

10b. KIND OF BUSINESS OR INDUSTRY: B & O R.R.

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Herman Martin Vehstadt

14. MOTHER'S MAIDEN NAME: Mary Rueidgler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 705-05-3147

17. INFORMANT AND ADDRESS: Mrs Viola Vehstadt (Wife) 1724 Selma ave Halethorpe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Chr. Myocarditis & Decompensation — Interval Between Onset and Death: 12 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arterial Hypertension — 5 yrs
(c) General Arteriosclerosis — 5 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia, rt — 1 yr

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1954, to June 29 1955, that I last saw the deceased alive on June 28, 1955, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr R B Brumbaugh 3609 Main St Elkridge 27 Md 6/29/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July 1 1955
NAME OF CEMETERY OR CREMATORY: Lorraine Park
LOCATION (City, town, or county) (State): Baltimore, Maryland.

DATE REC'D BY LOCAL REG. 7-1-55
REGISTRAR'S SIGNATURE: Ann Bedwell

24. FUNERAL DIRECTOR ADDRESS: Joseph T. Ambrose Jr. 1324 Sulphur Sp. Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Film 184 7-28-55 et

5429

CERTIFICATE OF DEATH

05415

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Chase, Md.; LENGTH OF STAY (in this place) 13 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chase Md. X; STREET ADDRESS (If rural give location) 8553 Eastern Ave.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) HARDEE (Last) WALLER

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: M. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed 8. DATE OF BIRTH: August 16, 1867 9. AGE last birthday 87 8/6 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm laborer 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Waller 14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4500

IMMEDIATE CAUSE (A) Hypostatic pneumonia.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Urinary obstruction - prostatic hypertrophy

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1955, to June, 1955, that I last saw the deceased alive on June 4, 1955, and that death occurred at 0 P.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Wm. H. Rodgers M.D. DATE SIGNED June 4, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5/8/1955 | NAME OF CEMETERY OR CREMATORY LOUDON PARK | LOCATION (City, town, or county) BALTO (State) MD

DATE REC'D BY LOCAL REGISTRAR 6-7-55 | REGISTRAR'S SIGNATURE A.P. Eadie | 24. FUNERAL DIRECTOR ADDRESS John G. Connelly, Essex, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

815 Eastern Ave.

05416

MARYLAND 5410

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 31

Item 9, Film G183 6-27-55 et

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X RANDALLSTOWN
LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 06

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 03X 1
STREET ADDRESS (If rural, give location): 1806 Thomas Avenue X

3. NAME OF DECEASED (Type or Print): (First) Leoda (Middle) Gertrude (Last) Walters

4. DATE OF DEATH: (Month) June (Day) 11, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 8, 1878

9. AGE last birthday: 77 76 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William T. Belt

14. MOTHER'S MAIDEN NAME: Mary E. Stansbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Harry E. Wolf-Old Court Road

4 7

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
170X Immediate cause	(a) CARCINOMA OF BREAST C METASTASIS	2 YRS
Antecedent cause(s)	TO LUNG - LEFT -	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARCINOMA OF BLADDER C METASTASIS TO PELVIC BONES & CERVICAL SPINES.	10 MOS.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CONGESTIVE HEART FAILURE C PULMONARY EDEMA. 2 DAYS

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 1, 1954, to JUNE 11, 1955, that I last saw the deceased alive on JUNE 11th, 1955, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE: Thomas E. Wheeler (Degree or title) M.D. ADDRESS: 3601 Alpha Rd-Balto 7-Md. DATE SIGNED: 6-11-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 6-14-1955
NAME OF CEMETERY OR CREMATORY: Mount Olive Cemetery
LOCATION (City, town, or county) (State): Randallstown, Maryland

DATE REC'D BY LOCAL REG.: 6-13-55
REGISTRAR'S SIGNATURE: H.W. Federal

24. FUNERAL DIRECTOR: Ellsworth Armacost ADDRESS: 4600 Liberty Heights Avenue

Ellsworth Armacost 4600 Liberty Heights Avenue

MARGIN RESERVED FOR BINDING

22
55

5411

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05417

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison
STREET ADDRESS (If rural give location) Reisterstown Road

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) Elizabeth (Last) Wantz

4. DATE OF DEATH (Month) June (Day) 3 (Year) 1955

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 28 March 1870

9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.

10b. KIND OF BUSINESS OR INDUSTRY H.W.

11. BIRTHPLACE (State or foreign country) Carroll County, Dist, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George W. Phillips

14. MOTHER'S MAIDEN NAME Martha Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 9

16. SOCIAL SECURITY NO.

17. INFORMANT Stewart Wantz - husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Arteriosclerotic CVD — Interval between onset and death: 10 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 July, 1953, to 3 June, 1955, that I last saw the deceased alive on 3 June, 1955, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles N. Williams, M.D. ADDRESS Pikesville 8, Md. DATE SIGNED 3 June '55

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 6/6/55 NAME OF CEMETERY OR CREMATORY Druid Ridge LOCATION (City, town, or county) (State) Balto.

DATE REC'D BY LOCAL REG. June 4 1955 REGISTRAR'S SIGNATURE R W

24. FUNERAL DIRECTOR Young Byers ADDRESS 5005 Pk Heights Ave Balto 15, Md.

5279 05418

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk (21) 53 00
LENGTH OF STAY (in this place) 33 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 LIBERTY PKWY.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore (22) 53 1
STREET ADDRESS (If rural, give location) 14 Liberty Parkway

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) MICHAEL (Last) WEISS

4. DATE OF DEATH (Month) 6 (Day) 17 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 5 NOV

9. AGE last birthday: 67 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: MISCELLANEOUS

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MICHAEL WEISS

14. MOTHER'S MAIDEN NAME: ELIZABETH UHL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 1

17. INFORMANT & ADDRESS: MRS. JAMES L. FLOYD — SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

420.1
Immediate cause (a) Arteriosclerotic cardiovascular disease
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary occlusion
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2 **19b. MAJOR FINDING OF OPERATION:**

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William V. Goodall M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 6/17/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 6-20-55
NAME OF CEMETERY OR CREMATORY BALTIMORE
LOCATION (City, town, or county) (State) BALTO., Md.

DATE REC'D BY LOCAL REG. June 17-1955
REGISTRAR'S SIGNATURE William M. Kelly
24. FUNERAL DIRECTOR Walter Burke ADDRESS Bradley, Dundalk, Md.

gh

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

5412

05419

Reg. Dist. No.

1. PLACE OF DEATH:
County: Baltimore Co
City or town: Essex (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 Years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Essex (If outside city or town limits, write RURAL and give nearest town)
Street No. 430 Riverview Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: James Corum Wilhelm

3.(b) Social Security Number: 705-05-5995

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Jessie (Beatty) Wilhelm
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): June 15, 1884.

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
71	*	*		

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual occupation: Clerk (Retired)
11. Industry or business: Railroad

FATHER
12. Name: John Wilhelm
13. Birthplace

MOTHER
14. Maiden name: Jeanette Clark
15. Birthplace

16. Informant: Mrs Jessie Wilhelm (Wife)
Address: 430 Riverview Rd. Essex Baltimore 25 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 18, 1955 (month) (day) (year)
Cemetery or crematory: New Cathedral Cemetery
Location: Baltimore Md

18. Funeral director: J. Melville Jenkins
Address: 2713 Kirk Ave Baltimore Md.

19. 6-17-55 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 15 1955, at H P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25 1955, to June 10 1955
and that I last saw h[illegible] alive on June 10 1955

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 week
Due to: Generalized Arteriosclerosis	20 yrs
Due to:	
Other conditions: 331 X (Include pregnancy within 3 months of death)	

Major findings of operations: 0 Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Harry B. Smith, M.D. M.D. or other
Address: 413 Eastern Ave. Balto 21 Date signed: 6-16-55

06461

MARYLAND STATE DEPARTMENT OF HEALTH

5413

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Balto 20.
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 #506 Seneca Park Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 20 X
STREET ADDRESS (If rural, give location) #506 Seneca Park Rd

3. NAME OF DECEASED (Type or Print): (First) Stephen (Middle) A (Last) Wilkinson
4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	July 8-1879	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Balto Co. Md
12. CITIZEN OF WHAT COUNTRY? U S a
13. FATHER'S NAME: Stephen A. Wilkinson
14. MOTHER'S MAIDEN NAME: Mary T. Frayser
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Stephen A. Wilkinson #506 Seneca Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.9

Immediate cause (a) Carcinomatosis, Generalized (Site of primary undetermined)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 4 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure — 3 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1952, to June 29, 1955, that I last saw the deceased alive on June 27, 1955, and that death occurred at 11 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W H Fuller MD — ADDRESS: Ridge Rd Baltimore 6 Md — DATE SIGNED: June 29/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/2/55	Parkwood Cem	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
7/6/55	Edith Hurley	Lassahn Funeral Home 7401 Belair Rd

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Fuller

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5414 CERTIFICATE OF DEATH

05420 Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3322 Washington Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural give location) 3322 Washington Blvd.

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) J. (Last) WILSON

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 18, 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John M. Gerber

14. MOTHER'S MAIDEN NAME: Sarah E. Meyers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: John M. Baxton 5th Ave. Lansdown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ACUTE CORONARY OCCLUSION 420.1 — Interval Between Onset And Death: 2½ hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 4, 1954, to MAY 25, 1955, that I last saw the deceased alive on MAY 25, 1955, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Arthur Rossberg M.D. 2436 Washington Blvd. Balto. 30 Md. 6/7/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 8, 1955 NAME OF CEMETERY OR CREMATORY London Park LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

6-5-55 [illegible]

24. FUNERAL DIRECTOR ADDRESS

F. B. Wippert 1300 Eutaw Place

Done

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06464

5415 CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Balto Co MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Randallstown
LENGTH OF STAY (in this place) 9 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 North Chapman Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown X
STREET ADDRESS (If rural give location) North Chapman Road

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) B (Last) Hood

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Sept 29 1880
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Phila Pa
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Newton A. Bovard
14. MOTHER'S MAIDEN NAME: Adaline E. Belsterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Newton B. Hood Randallstown Md

18. MEDICAL CERTIFICATION:

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1
IMMEDIATE CAUSE (A) Cardio-vascular Disease
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/55, to 6/16/55, that I last saw the deceased alive on 6/16/55, and that death occurred at 12:50 M, from the causes and on the date stated above.

SIGNATURE Wm. E. Martin M.D. ADDRESS M.D. Randallstown DATE SIGNED 6/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF June 18 1955
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) Pikesville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6/16/55
REGISTRAR'S SIGNATURE Wm. E. Martin
24A. FUNERAL DIRECTOR Harry H. Amacost
ADDRESS 4204 Ridgewood Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05421

5280

CERTIFICATE OF DEATH

Reg. Dist. No. 47

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk 53; LENGTH OF STAY (In this place) 7 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 Ventnor Ter

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk 53; STREET ADDRESS (If rural give location) 118 Ventnor Ter.

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) W. (Last) Watkins

4. DATE OF DEATH: (Month) JUNE (Day) 24 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 8/20/67

9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Walker

14. MOTHER'S MAIDEN NAME: Mary J. Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. C. J. Gideon 118 Ventnor Ter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerotic C.V. disease — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 19 55 to June 24, 19 55 that I last saw the deceased alive on June 24, 1955, and that death occurred at 4P M. from the causes and on the date stated above.

SIGNATURE J Stephen C. Mackoniak M.D. ADDRESS 6714 Holabird Ave DATE SIGNED 6/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF June 27, 55 — NAME OF CEMETERY OR CREMATORY Woodlawn Cem — LOCATION (City, town, or county) Woodlawn — (State) Md

DATE REC'D BY LOCAL REGISTRAR June 25, 1955 — REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Paul Allmann — ADDRESS 6067 Trafford Rd

Dr Machovia
6714 Holabird Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5416 **CERTIFICATE OF DEATH**

Reg. Dist. No. 05422 8

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Armacost Nursing Home 812 Regester Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3Y01-4
STREET ADDRESS (If rural give location) 2552 W. Balto. St.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (Last) WULFERT

4. DATE OF DEATH: (Month) June (Day) 11, (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Aug. 22, 1878
9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Shabek
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Jack Wulfert-317 Dixie Dr. Towson

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — 2 days
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertensive Cardio-Renal
(C) Vascular Disease 10 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1955, to June 11, 1955, that I last saw the deceased alive on June 11, 1955, and that death occurred at 6:20 P M, from the causes and on the date stated above.
SIGNATURE Charles F. Brandland M. D. ADDRESS 7501 York Rd Towson 4 md DATE SIGNED 6/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/14/55
NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 6-13-55
REGISTRAR'S SIGNATURE Hal Hedrick Dep.
24. FUNERAL DIRECTOR Wm. J. Pickens & Sons
ADDRESS 17 Baltimore

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

5417

05423 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 11yr.5mo.13dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Benges
STREET ADDRESS (If rural, give location) Bowleys Quarter Road

3. NAME OF DECEASED: (First) Melvin (Middle) or MIECZYSLAW (Last) Zurek
4. DATE OF DEATH (Month) June (Day) 20, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	8-4-1904	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farms	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Zurek	Dorothy Kubick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unknown	Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.0
Immediate cause (a) Acute cardiac failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteriosclerotic heart disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. General Paresis

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Geo. J. McKieffer Dep. Med. Exam. Balto. Co. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 6-20-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/24/55	Holy Rosary	Balto. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-22-55	A. M. Edwards	Wm. S. Fialkowski	2007 Eastern Ave

R.K.